

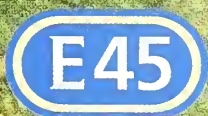
CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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*Pharmacists say 'no'
to DTC in C&D survey*

*UniChem to supply
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THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Boots has quietly announced that it is to close all ten of its in-store pharmacies in Holland, although the stores themselves will continue to trade (see p24). The move, which comes on top of domestic tribulations, signals a major setback in the company's desire to export its healthcare/beauty retail formula into Continental Europe. It also raises the question of whether Dutch, German and French consumers will really take to pharmacy UK-style moving into their High Streets. There has for some time been a presumption (in the UK at least) that it will be only a matter of time before the UK model - multiple ownership, linked to a liberal OTC market - becomes the norm across Europe, assisted by EU legislation to harmonise healthcare markets. This is what the likes of Boots, Gehe and Alliance UniChem need if their retail operations are to expand out of the UK domestic market. Professional opposition to multiple ownership has always been strong, and this appears to have caused difficulties for Boots in its efforts to recruit staff. Pharmacists on the Continent have long enjoyed a professional status which their UK counterparts can only envy and, because of the cost of accessing either state or insurance-based healthcare systems, pharmacies are much more a 'first port of call' for the sick. Yet while in the UK the Office of Fair Trading is seeking to dismantle what it sees as the last vestiges of protectionism in the OTC medicines market, and the internet is threatening to liberalise healthcare and medicines supply in ways undreamt of a decade ago, sentiment in Europe might be swinging the other way. There is a strong medico-pharmaceutical lobby urging the EU to clamp down on internet supply of medicines and pharmacy ownership in the major European countries which remains largely unchallenged.

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Generics price reductions made in Scots August Tariff

Scottish contractors could face significant losses this month as the new reduced generic drug prices have come into effect for August, rather than September, as suggested by the Scottish Executive.

In its letter to contractors of July 6 the Scottish Executive said: We are discussing with SPGC the changes required to our tariff arrangements from September to ensure that the full benefit of these price cuts reaches the NHS and patients. This gives you a whole month to adjust stocks."

However, the changes to Part 7 of the Scottish Drug Tariff for August, received by contractors last Saturday, reflect the new capped generics prices and will apply to August prescription pricing unless the situation can be resolved.

Generic medicine prices that could be charged by manufacturers were capped on August 3 in all parts of the UK. In England, contractors have a month's grace in which to run down stocks at the higher prices, prior to the new drug Tariff prices coming into effect for September prescriptions.

Scottish Pharmaceutical General Council chairman George Romanes said that the issue in Scotland appeared to have arisen because of the responsiveness of the Drug Tariff. Although the price reductions did not have to come into effect until August 3, manufacturers had dropped their prices by August 1. This was the last



George Romanes: heavy instalment dispensing will have the biggest problems

day for inclusion of prices to be amended in the August Tariff and the system had taken account of the reductions and incorporated them into the amendments.

"Prices have dropped dramatically this month," Mr Romanes told *C&D*. "The Tariff is so responsive it has hampered things. We will have to have discussions with the Department about arrangements... We will have to revisit the letter of July 6."

He is concerned that the pressure

the existing prescription pricing cycle is under means that it will be difficult to work out any retrospective payments, if that possibility arises.

Although Mr Romanes was hopeful that the matter would be resolved before the month end, there was still concern for those contractors who have a significant number of patients with 84-day instalment prescriptions.

Barrie Dear, a contractor with four pharmacies in Edinburgh, told *C&D* that he had made special arrangements with the local surgery to ensure that any instalment prescriptions would stop before September, so that the prescription could be priced at the uncapped price. However, as the price reductions had come in for August he was concerned that he would be paid the new capped prices, even for items dispensed in June and July.

The sums involved would be "£1,000s rather than £100s," said Mr Dear. "Everybody will be running at a loss this month, especially for instalment prescriptions."

Hardest hit will be contractors in the Lothian area, especially Greater Glasgow, where there is a significant level of instalment prescribing of benzodiazepines and dihydrocodeine.

Mr Romanes agreed that "those people involved in heavy instalment dispensing will have the biggest problems". He described the instalment system as iniquitous as even without the sharp drop in prices this month, contractors were still only paid at the current price, even if a price had changed from when the prescription was start-

ed the previous month.

The Scottish Executive had been appraised of the situation at the start of the week. On Tuesday, a spokesman for the Department of Health said: "The agreed Tariff for Scotland is based on prices ruling at August 1. We understand that those lists are consistent with the new regulated prices. We are in ongoing discussion with the SPGC on the details of the pricing particulars which will apply in future in Scotland in conjunction with the August and subsequent Tariffs."

Asked about the situation on instalment prescriptions, the spokesman said this would be part of the discussions.

Mr Romanes said on Tuesday that SPGC would be meeting with the Department in the week beginning August 21.

August Drug Tariff prices

Drug	Scottish	English
Fluoxetine 20mg Caps 30s	490p	961p
Furosemide 40mg Tablets 28s	77p	197p
Captopril 12.5mg Tablets 56s	191p	479p
Ranitidine 150mg Tablets 60s	587p	1000p
Amoxycillin 250mg Capsules 21s	110p	182p
Aspirin e/c 75mg Tablets 56s	260p	306p
Ibuprofen 400mg Tablets 84s	234p	372p

Endorsement on Scots drug shortages

Scottish Pharmaceutical General Council says that the following drugs shortages mean that pharmacists' endorsement will be allowed:

Cyproterone acetate tablets 50mg; isoniazid tablets 100mg; sotalol tablets

80mg; and Vitamin B Compound Tablets (this will be deleted from the Tariff with immediate effect from September).

Updates are available on the internet at www.spgc.org.uk.

Liverpool mayor in Stat Comm hearing

The Lord Mayor of Liverpool, Eddie Clein, appeared before the Royal Pharmaceutical Society's Statutory Committee on Wednesday as *C&D* was going to press.

Mr Clein was appearing along with representatives from Barrow Nesbitt & Co, for whom he was a superintendent pharmacist.

It was alleged that in October 1998, when he worked for the company's two shops in Smithdown Road and Baycliff Road, Liverpool, Mr Clein failed to ensure that a pharmacist was in personal control at all times that the pharmacies were open. It was also claimed that he failed to exercise control over the sale of codeine linctus and failed to appreciate and discharge the duties and responsibilities of a superintendent pharmacist.

Mr Clein was elected Lord Mayor in

May, having had a long involvement in local politics. He was first elected to the City Council as the Conservative representative for Speke and later switched to the Liberal Democrats. He was a self-employed pharmacist for ten years and the last five years was superintendent pharmacist for the same company. He left the company to carry out his mayoral duties.

Tesco says Norwich has become the Viagra capital

Tesco has drawn up a 'Viagra map of Great Britain' putting Norwich as the Viagra capital.

The company says that "more of the sex drive tablets are prescribed there than anywhere else in the British Isles". It bases this on a study conducted through its pharmacies finding more Viagra dispensed in Norwich, with run-

Moss surveys 11,000 pharmacists

Moss Pharmacy has sent out 11,000 forms to pharmacists in a survey looking at influences on pharmacists' choice of employment.

The survey asks respondents to score in terms of attractiveness 31 aspects under financial benefits (such as pensions, company car, accommodation, or health cover); other benefits (such as holidays, support staff, and

promotion prospects); and specific benefits (such as enhanced maternity leave, child-friendly support, or 5.30pm finishes).

Moss hopes the survey, sent to a quarter of all pharmacists on the register, will give a clearer understanding of the most important factors and will let employers more accurately meet the needs and aspirations of pharmacists.

ners up Colchester and Chelmsford. Sales are lower in Scotland, but Inverness leads the way there. Scotland's lowest sales were in Edinburgh, 68 per cent less than Norwich. By contrast, Haverfordwest had one of the lowest uptakes in Wales.

Tesco, which sold over £1 million of the drug last year, carried out its survey

after Viagra sales were seen to be increasing and stocks were running low. A spokesman said: "Viagra is becoming increasingly popular, now that the novelty has worn off. Our pharmacies have reported that customers are very open about buying it, whereas a year ago they might have waited for a quiet moment before asking."

Prescription drug costs rise

The cost of prescription drugs to the NHS rose by 12.5 per cent in 1998-99, according to new figures.

Health Minister Lord Hunt said that the increase was largely due to steep rises in the price of generic drugs, which justified its decision to introduce statutory minimum prices for a range of generics with effect from August 3.

He was commenting on figures published in a Department of Health Statistical Bulletin (Prescriptions dispensed in the community, Statistics for 1989 to 1999: England), which showed that between 1998-99 the total net ingredient cost of prescription items in the community rose by 12.5 per cent.

Lord Hunt said: "Last year's steep increase in generic drug prices is estimated to have cost the NHS around £200 million. That is why we introduced a maximum price scheme for generic drugs and in a full year the action we have taken to control prices will reverse the effect of these increases. It also shows that we are determined to get value for money for the NHS and for patients."

As an example of price increases, he cited the use of antibiotics, where the number of prescriptions for antibacterial drugs fell by 9 per cent following a campaign on inappropriate use. However, the overall cost of the drugs went up by 9 per cent, since nearly 90 per cent of these drugs are dispensed generically.

In the case of respiratory drugs, the number of prescription items dispensed remained the same, but the net ingredient cost increased by £28m, or five per cent.

A fundamental review of the generics drugs market is currently being carried out by Oxford Economic Research Associates (OXERA). Its report is expected by the end of the summer.

ABPI president Bill Fullagar said: "More spending by the NHS on the effective use of medicines should be seen as good news for the patients who need them."

"And, as the Health Secretary has acknowledged, they frequently save money for the economy and the NHS in the long run through improved healthcare and reduced hospital stays."

Warwick Smith, director of the British Generic Manufacturers Association, said: "We are disappointed that Lord Hunt hasn't recognised the contribution to the NHS that generics have made in reducing the drugs bill."

"In terms of the review, we would be looking for a new robust system of reimbursement for the UK market. The two key points would be a system that is transparent and competitive, to produce low-cost medicines for the NHS, and one that encourages a sustainable industry for generic manufacturers."

Public confused over allergies

A campaign has been launched to combat public confusion about allergies and intolerance.

One in ten of people do not know that allergies can be life threatening, with the figure rising to 24 per cent in the 65 years and older age group, says the Doctor Patient Partnership. It adds that a lack of awareness can be highly significant: serious allergic reactions require urgent treatment, whereas the cure for an intolerance is simply to avoid that agent.

The NOP survey carried out for the DPP also found that 54 per cent of respondents did not know the difference between allergies and intolerances or sensitivities. The figure was higher (65 per cent) for the age group 15-24 years which is more likely to suffer from allergies. About two-fifths of the public wrongly believe that people who have allergies have them for life, while a similar number believe allergies are inheritable.

DPP spokesman Dr Ian Banks said: "With allergic sensitisation affecting roughly 30 per cent of the population, it is important for people to know what self-management options there are. Some 70 per cent of people say they would go straight to their GP without trying to find out the cause of their reaction themselves."

RPSGB protocols used in second cannabinoid trial

The Medical Research Council has awarded £400,000 for the second study into the medicinal use of cannabinoids to feature protocols devised by the Royal Pharmaceutical Society.

The multi-centre clinical trial will be carried out in hospitals in London and Bristol and will look at the ability of cannabinoids to relieve the pain associated with surgery. Dr Anita Hooldcroft, reader in anaesthesia, will lead the tri-

IN BRIEF

PSNC launches web site

Pharmaceutical Services Negotiating Committee has launched its web site at www.psnc.org.uk. The site includes information on remuneration, generics and drugs shortages as well as parliamentary activity and the medicines management project. The site also allows pharmacists to register to receive e-mail from PSNC.

Scottish tooth plan

Children under 12 months and infants up to three years in deprived areas are to receive free toothbrushes and toothpaste as part of the Scottish Dental Action Plan. About £1 million from Scotland's share of the tobacco tax will help fund the three-year programme. The Scottish Executive has set a target that by 2010, 60 per cent of five-year-olds should have no dental disease.

GMC regulations

Regulations amending the powers of the General Medical Council in respect of professional conduct and fitness to practise have come into force.

Medical Food (Wales) Regs

The medical Foods (Wales) Regulations 2000 have been published, defining foodstuffs which may be sold as 'Food(s) for Special Medical Purposes' (FSMPs) with specific compositional and labelling requirements. They are being introduced in parallel with UK legislation in line with EC Directive 99/21/EC.

NHS recruitment on line

The NHS is to develop a web site listing all NHS job vacancies. Tenders are being sought to develop the web site, with the successful proposal announced in the autumn. Details are available at www.doh.gov.uk/purchasing/tenders

Baby food pesticide consultation

The Food Standards Agency is revising its consultation on EC proposals to prohibit certain pesticides in products that may be used in infant formula and baby foods. This is because of recent amendments to the draft EC Directive.

Hope for JMU's re-accreditation

There was hope this week that the pharmacy course at the John Moores University, Liverpool, will be accredited again.

On Tuesday, Royal Pharmaceutical Society representatives met with the vice-chancellor designate of the Liverpool John Moores University and the University's dean of science, education and health. "Discussions at the meeting were positive and have set

out a path which should enable accreditation of the University's MPharm Honours degree by early November," said the Society's head of education, Dr Robert Dewdney.

Last week, the Society announced that it had withheld accreditation of the University's undergraduate pharmacy course as concerns about the course had not been resolved (C&D August 12, p6).



The Institute of Clinical Research celebrated graduation day at Liverpool Cathedral last month. The ICR offers post-graduate qualifications in clinical research in conjunction with the School of Pharmacy at Liverpool John Moores University. In the front row (from left) are: Dr Terry Nolan, deputy director, LJMU School of Pharmacy; Dr Dave Armstrong, lecturer; Dr Alan George, course director; Prof Mike Rubenstein, director of the School; and Jane Bentley, ICR board member

Fraud case investigations under way

Officials in the West Midlands are investigating a number of cases of fraud involving pharmacists.

The West Midlands Counter Fraud Operational Service (CFOS) has also launched a crackdown on prescription fraud by patients, which costs the region nearly £6 million a year.

The CFOS is investigating 64 cases of deception which involve health service employees and is dealing with more than twice the number of cases than any of the other seven regional NHS fraud teams across the country.

As part of a new Government scheme, checks are to be carried out on prescription forms to ensure that patients who claim exemption from charges are genuine.

Where claimants are found to be fraudulent, they will be charged five times the prescription cost plus the value of the drugs they obtain.

Those who are found to have cheated more than once will face criminal prosecution and a fine of £2,500 when the scheme begins later this year.

A spokeswoman for the Department of Health said that after new rules on providing proof of eligibility for free prescriptions were introduced, the cost had fallen from £95 million to £59 million.

She added that 122 pharmacists were currently being investigated for allegations of fraud, together with 126 GPs, 35 dentists, 23 opticians, 79 white-collar staff and 12 external contractors or suppliers.

Antique pharmacy interior on offer to a good home

A Cardiff pharmacy interior dating from the 19th century is being offered to any museum that is prepared to dismantle and collect it from the owner, Sarah Bailey.

Ms Bailey is unsure of the exact date of the interior, which is in a pharmacy at 69 Whitechurch Road. The interior is described as "impressively complete with good mahogany fittings".

Anyone who is interested in the fixtures and fittings must be able to remove them within the next three months. Ms Bailey can be contacted at her pharmacy at 9 Station Road, Crynant, Neath SA10 8NW; tel 01639 751060.

Pharmacists need to know about herbal medicines

Pharmacists and other health professionals need to be more knowledgeable about herbal medicines to advise patients responsibly, Professor Edzard Ernst has claimed.

In a letter to the *British Medical Journal*, he says there is "an unquestionable need for reliable information on herbal medicines, a demand that must be met adequately by undergraduate and post-graduate education". He also says that doctors should consider changing their often negative attitude towards herbal medicines and have to realise that detailed questions about use of herbal drugs should form an essential part of taking a medical history.

Professor Ernst, professor at the Department of Complementary Medicine at the University of Exeter, says that as more and more people use herbal medicines, the perceived benefits and adverse effects of self-administered herbal treatments need to be monitored. There is also a need to bear in mind possible herb-drug interactions.

While accepting that single studies are unlikely to convince sceptics of the effects of herbal medicines,

Professor Ernst says that there is an increasing body of evidence emerging, from systematic reviews and meta-analyses of randomised clinical trials. For example, the recent boom in St John's Wort had followed a meta-analysis of 23 trials involving over 1,700 patients. The authors had concluded that hypericum extracts were significantly more effective than placebo in mild or moderate depression.

The letter also says that such studies have shown that ginkgo is more effective than placebo in delaying the clinical course of dementia. Saw palmetto as a symptomatic treatment for benign prostate hyperplasia showed improved urological symptoms and was as effective as finasteride with fewer adverse effects. Horse chestnut seed extracts have also been seen to be effective in chronic venous insufficiency.

Although herbal medicines may be effective, Professor Ernst is concerned that as most herbal remedies are sold as food supplements, they evade regulation of their quality and safety. "The possibility of herb-drug interactions is a further important - and under-researched

- issue." Herbal remedies are likely to interact with a range of synthetic drugs, so that the issue will play an increasingly important part in the debate about the safety of phyto-medicines.

He also says that costings need to be looked at. A standard daily dose of St John's Wort will cost more than a tricyclic antidepressant, but this does not reflect overall costs when St John's Wort is associated with about half the incidence of adverse effects compared to conventional antidepressants.

The letter appeared in the *BMJ*, August 12, p396.



St John's Wort extracts are more effective than placebo

Winter planning proposals announced

Extra funding for winter pressures on the NHS has been announced by the Government. Health Minister Lord Hunt said an extra £63 million would be available in England for 'step-down' care this winter for patients who no longer need hospital care but are not well enough to return home. A minimum of 3-40 critical care beds will also be put in place for winter 2000.

Lord Hunt said: "The NHS Plan puts patients at the heart of the health service. We are determined to improve

patients' experience of the NHS and it is important that people can get prompt access to high quality care whatever time of year it is and whatever additional pressures are placed on the service."

In Wales, the Welsh Assembly Health and Social Services Secretary, Jane Hutt, launched its emergency pressures planning guidance. She said extra cash had already been allocated by the Assembly to reduce the number of delayed discharges; to increase the number of medical and critical care

beds; and to provide new and expanded primary care units. There was no specific mention of the role of pharmacists in the guidance, but an Assembly spokeswoman said the public campaign would include advice about visiting the pharmacy for minor illness.

Welsh Central Pharmaceutical Negotiating Committee secretary, Colleen Furse, said: "We would hope that the public campaign would include advice on visiting the pharmacy before the GP in cases of minor illness."

Lloydspharmacy supports Meningitis Trust

Lloydspharmacy is helping to raise funds for the National Meningitis Trust by selling 'Monty the Duck' badges through its stores during August, September and October.

Director of Pharmacy for Lloydspharmacy, Andy Murdock, said: "Our customers can also pick up free meningitis symptoms cards at all of our stores, which we hope will help to further increase awareness of this serious disease."

The NMT is hoping to raise at least £50,000 from the sale of badges through the company's stores. Angela

Dudley, director of fundraising for the NMT, said: "The National Meningitis Trust is delighted to be working with Lloydspharmacy. This campaign will be one of the most comprehensive in the Trust's history."

In November 1999 the Department of Health launched an immunisation campaign against meningitis C. Britain is the first country in the world to offer vaccination against the virus.

Initially supplies of the vaccine were limited and children under one and 15-17-year-olds were immunised first. These groups showed a decrease

in the number of winter cases of meningitis C by around 75 per cent.

The Government aims to have offered the vaccine to all children under 18 by the end of this year.

The vaccine has no effect against the B strain, which accounts for 60 per cent of all meningococcal cases.

Last year there were 1,530 cases of meningitis C resulting in 150 deaths.

The company has already donated £10,000 to the NMT from a charity golf day held earlier in the year.

More information can be obtained at www.meningitis-trust.org.uk

Smartcard clamp down on tourists

NHS 'smartcards' could be used in the future to check that patients are eligible for free treatment on the NHS.

Plans for an NHS smartcard, an electronic card with details of a patient's medical history and medication, were spelt out in the NHS Plan announced recently. The Government said these would be introduced after 2004.

According to a report in *The Times*, Health Minister Gisela Stuart said that the cards could be used to clamp down on 'health tourists', people who obtain free treatment on the NHS while staying in the UK but who are not eligible. The main aim of the card would be to give doctors access to vital information in an emergency, but possession would prove that a patient was entitled to NHS treatment.

A Department of Health spokeswoman told *C&D* that details of how the cards would work and whether pharmacists would have access to the information had still to be decided.

Münchhausen on the web warning

Some people may use the internet to pretend they are ill in order to get attention, according to US research.

A study by the University of Alabama indicates that the web could be acting as an alternative medium for people with Münchhausen by proxy, a condition where a person makes false claims of illness for him or herself or for a relative. In the study, researchers found 21 cases where individuals sought such attention through internet chat rooms. They said that although this could be useful for people with similar illnesses, it could be exploited to gain attention or win sympathy.

Toilet taboos lead to bad health

People are preventing their bodies from functioning normally in order to avoid what they see as an embarrassing situation, a survey has found.

Most people prefer absolute privacy when going to the toilet and will put it off until in the safety of their own homes. One in five of those questioned in a survey for Anusol waited more than an hour when they needed a toilet. Over half were put off by the thought of using public toilets when shopping and almost one-third were uncomfortable about going to the toilet in a restaurant or pub. Even visiting a friend's house causes toilet problems for almost 50 per cent of people.

A new report, 'Being British can damage your health', says: "The British are embarrassed about any problems to do with their rear ends and often delay seeking appropriate treatment."

Xrayser

Topical Reflections

Is NHS Direct helping by staying on the safe side?

If the number of customers mentioning NHS Direct are a good guide then this NHS telephone help line is now becoming popular. But I also suspect it may be providing this advice at someone else's expense.

Listening to my customers leads me to believe that the advice given by NHS Direct errs on the side of caution. I am sure this is a correctly cautious approach because the triaging protocols have probably been examined in as much detail by lawyers as they have by medical experts.

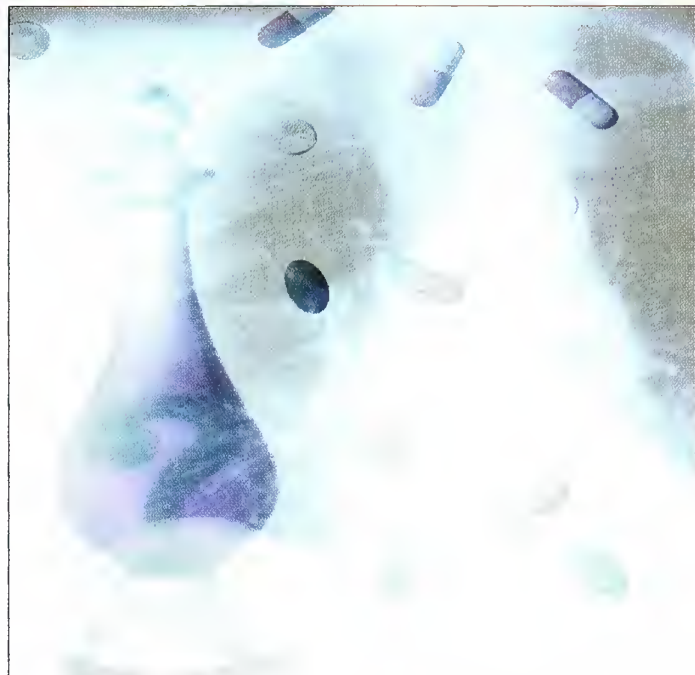
The result is that more minor problems may now be referred to the hard pressed GP than were previously. Certainly, I have a problem in denying the advice given by the NHS Direct nurses. Whereas before I might have offered my professional advice, an OTC medicine if appropriate, and the caution that if things do not improve then go to the doctor, all I can now do is agree that to be on the safe side a doctor's appointment would appear reasonable.

The result is that doctors' surgeries could become even more clogged with unnecessary minor ailment consultations. My corroboration is given for free, and both I and the OTC industry lose out financially by the loss of sales of OTC medicines.

NHS Direct costs the tax payer many millions of pounds and, as one of the first line access points to the Health Service, does seem like a good idea. However, if each case is dealt with as a 'worst case' scenario, then it is doomed to become a highly expensive way of increasing medical workload while avoiding the highly economic good advice from community pharmacists - which must annually save the NHS many millions of pounds.

Apply contract application rules to walk-in centres

Walk-in centres are another darling of the Blair administration, and it must be tempting for multiples under commercial pressure from out of



town superstores to see them as a way of expanding their business.

Certainly, Boots is actively seeking to provide such health services and is already involved with optical care, dentistry and chiropody, so NHS nurses and, most prized of all, a doctor's surgery, must seem a logical extension to existing services (*C&D*, August 12).

It may be an excellent idea for the citizens of Tunbridge Wells to enjoy the benefits of a walk-in centre but, before any new centres are granted permission to open, I would like to know the process by which such an application will be received by the NHS Executive and the criteria on which it will be judged.

If a new pharmacy contract is applied for, then the processes are quite clear and have stood the test of time. Applications for walk-in centres should be seen to be as equally fair and transparent, so perhaps should be similarly treated.

It may be convenient for such a centre to be established but is it really necessary? And what effect will its opening have on the existing health services?

Walk-in centres have the potential to address genuine need but equally they may unnecessarily disrupt perfectly adequate existing services. Granting of such applications could prove extremely contentious and must not be allowed to progress behind the closed doors of the NHSE.

Do I know my neighbour? - well, not at the moment!

With increasing pressure imposed on NHS dispensing margins by our friends at the Department of Health and competition from other High Street retailers, community pharmacists are under constant financial pressure.

To survive I have had to develop my skills as an astute business man and then apply them successfully but responsibly to my professional business.

However, I cannot be complacent, and past success does not guarantee future survival. With this month's NPA Pink Supplement was an NPA endorsed training guide from Reckitt Benckiser entitled 'Understanding Your Community'.

It provided a brilliantly simple (and somewhat embarrassing) expose on how little I really know about my customer profile and what I should be doing to rectify the problem. This booklet is serious reading and its lessons require urgent action.

In the past I have said that I know my customers so well I have no need of market research. Such an attitude can now only lose me business, so with the aid of this little gem of common sense I aim to put to rights all those years of complacent neglect.

Medical matters

Copaxone licensed in MS

Copaxone (glatiramer acetate) has been licensed for the treatment of relapsing-remitting multiple sclerosis.

Copaxone is indicated for the reduction in frequency of relapses in ambulatory patients with relapsing-remitting MS characterised by at least one clinical relapse over the preceding two-year period. The drug is a synthetic polypeptide prepared from a combination of four amino acids that works by

altering the immune response directed at myelin and nerve fibres. Treatment also results in the production of T cells that pass into the brain and release anti-inflammatory mediators. This reduces inflammation and limits damage to myelin and nerve fibres.

Copaxone will be available in single use vials for subcutaneous administration after reconstitution with sterile water. Manufacturer Teva is now con-

sidering pricing of the product.

● The National Institute for Clinical Excellence is due to issue guidance to the NHS on the clinical and cost effectiveness of glatiramer and beta interferon for MS this month.

● Approved in the US since 1996, Copaxone is the second most prescribed drug used in the country for MS. **Teva Pharmaceuticals Ltd.**
Tel: 01494 445439.

Malathion twice as effective as wet combing

Wet combing as a first line treatment for head lice in the general population has been called "inappropriate" by the authors of a study published in *The Lancet*. The study found malathion to be twice as effective as wet combing.

The randomised controlled trial of 72 children from two counties in Wales found a cure rate of 38 per cent for bug busting while the rate for malathion was 78 per cent.

This was despite the area having an intermediate level of resistance to malathion.

Children with live headlice were assigned to use either a bug busting kit every three or four days for two weeks, or two applications of 0.5 per cent malathion lotion seven days apart.

Because only about half of participants in both groups complied fully

with treatment, future trials should be pragmatic in design, avoid false incentives, and study representative samples of children, concluded the authors.

A spokesperson for the Department of Health said: "DoH advice on the treatment of head lice leaves the options open to parents, between wet combing and insecticides, without favouring either approach over the other."

Diabetic complications: there is a direct relationship with BP ...

There is a direct relationship between blood pressure and risk of complication in patients with type 2 diabetes, with the lowest risk in those with systolic blood pressure less than 120mmHg.

The findings came from a prospective observational study of over 4,800 patients enrolled in the UK Prospective Diabetes Study (UKPDS).

Patients with diabetes were randomly assigned to either tight blood pressure control with a beta-blocker or ACE inhibitor, or a policy of less tight control. The aim of the group assigned tight control was to achieve blood pressure values of between 85 and 150mmHg. If this target was not achieved, additional agents were prescribed, including a loop diuretic, a calcium channel blocker, and a vasodilator. The aim of the other group was to achieve blood pressures of between 105 and 180mmHg without using a beta-blocker or ACE inhibitor, but using the same stepwise addition of other treatments.

Primary clinical outcomes were

defined as any complications or deaths related to diabetes and all cause mortality. Secondary aggregate outcomes were myocardial infarction, stroke, lower extremity amputation, and microvascular disease. Single end-points were non-fatal heart failure and cataract extraction.

Each 10mmHg decrease in systolic blood pressure was associated with a reduction in risk of 12 per cent for any complication related to diabetes, 15 per cent for deaths related to diabetes, 11 per cent for myocardial infarction, and 13 per cent for microvascular complications.

No thresholds of systolic blood pressure were observed for any complication of diabetes. This suggests that there is no specific target blood pressure, but the nearer to normal systolic blood pressure (ie less than 130mmHg), the lower the risk of complications. Whether these targets can realistically be achieved depends on individuals' initial blood pressure and willingness to modify lifestyle or take several drugs that may have side effects.

... and also with glycaemia

There is a direct relationship between glycaemia and the risk of macrovascular or microvascular complications of type 2 diabetes, according to a study in the *British Medical Journal*.

Any reduction in HbA1c is likely to reduce the risk of complications, with the lowest risk being in those with HbA1c values in the normal range (<6.0 per cent).

The prospective observational study looked at over 3,600 patients enrolled in the UK Prospective Diabetes Study (UKPDS). Patients were stratified on the basis of fasting plasma glucose concentrations and body weight. Those with fasting plasma glucose concentrations between 6.1 and 15mmol/l and no symptoms of hyperglycaemia were randomised to a policy of conventional glucose control, primarily with diet, or to an intensive policy with sulphonylurea or insulin.

The aim in the conventional control group was to achieve fasting plasma glucose concentrations of <15mmol/l. Although, if glucose levels rose above this, patients were assigned non-intensive use of the pharmacological treatments. The aim of the intensive control



IN BRIEF

Genus domperidone tabs

Genus has launched domperidone (Domilium) 10mg tablets. They are available in packs of 10, 30 and 100. Prices are £2.65 for 10, £2.50 for 30, and £8.40 for 100.

Genus Pharmaceuticals.

Tel: 01635 568400.

Silhouette 2 range extended

Clinimed has extended its Silhouette 2 stoma range with the addition of a dual adhesive flange and standard drainable pouch without filter. The dual adhesive flange, sizes 45 and 60mm, costs £12, and the standard drainable pouch, sizes 45 and 60mm, costs £32.

Clinimed Ltd.

Tel: 01628 850100.

Lederspan – out of stock

Lederspan injection 20mg/1ml is out of stock due to difficulties obtaining raw materials. Stocks will be available intermittently from September and during the rest of this year. Back orders will not be kept on file.

Wyeth Laboratories.

Tel: 01628 604377.

Customers giving you earache?



Antibacterial. Antifungal. Non-antibiotic. New Earcalm Spray is the only OTC treatment available for mild infections of the external ear canal, clinically proven to be effective in treating symptoms like itching and slight fullness of the ear. Available OTC, it allows early self-medication, helping prevent infection progressing and avoiding unnecessary GP visits. And because it's a spray, it's convenient, easy to use and gives better coverage so aiding patient compliance. Earcalm is currently being detailed to GP's by our salesforce, and can be recommended with confidence.

Early treatment for mild ear infections **EarCalm^{SPRAY}**
Acetic acid

Product Information. Presentation: Non-pressurised pump action aerosol spray containing glacial acetic acid Ph. Eur. 2.0% w/w as a milky, particle free mobile liquid. Uses: Treatment of superficial infections of the external auditory canal. **Dosage and Administration:** Adults, children over 12 years and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days after symptoms have disappeared. Discontinue use if there is no clinical improvement after seven days. **Contra-indications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical advice. **Pregnancy/ Lactation:** There are no known restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and consult your doctor. **Pharmaceutical Precautions:** Store upright in the carton below 25°C. Shake bottle before use. Before first use, prime the pump by depressing the actuator 6-10 times. Use within one month of first use. If more than one week since last use, press actuator a few times. Avoid spraying near eyes. **Legal Category:** P Basic NHS Cost: £3.80. Retail Selling Price: £6.38. Product Licence Number: 0036/0072. Product Licence Holder: Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP Date of Preparation: May 1999 D04194

STAFFORD-MILLER



Counterpoints



Sangenic draw puts mums in a spin

Jackel International is promoting its Sangenic Nappy Wrapper with a free draw featured on pack.

Consumers who buy the nappy wrapper have the chance to win one of five Bosch Maxx washing machines each worth £550.

The offer will run until the end of March 2001.

Jackel International Ltd.
Tel: 0191 250 1864.

Snor-Away offers UK snorers relief

Medicines International is introducing a spray product called Snor-Away in the UK.

Snor-Away contains a blend of essential oils and is based on the original American Snorenz formula to help inhibit snoring. The American product is branded as Snorenz and is available in the US.

The Snor-Away formula has a fresh mint flavour and contains olive oil, sunflower oil, peppermint oil, almond oil and sesame oil plus added vitamins.

The product is sprayed into the back of the throat (two sprays) before going to bed. One application normally lasts six to eight hours. The pump action pack (rsp. £12.95) is easy to use and the standard 60ml bottle should last around 30 nights. The launch pack offers an extra 30ml free of charge.

Medicines International.
Tel: 01355 243091.



Ibuleve gel helps ease pain more powerfully

Dendron is now offering a choice of strengths in its Ibuleve topical pain relief range with the launch of a stronger pharmacy-only gel.

Ibuleve Maximum Strength Gel contains 10 per cent ibuprofen. It is formulated to be rapidly absorbed through the skin to relieve pain fast and effectively.

The product is suitable for backache, rheumatic and muscular pain, common arthritic conditions, lumbago, fibrosis and neuralgia. It can also be used for sports injuries such as sprains and strains.

The launch will be supported by a

£1 million promotional spend.

National press advertising starts in September and a TV campaign will run from September to November.

A range of PoS material includes an eye-catching showcard, shelf wobblers and new consumer leaflet.

Retail price is £4.95 for 30g.

Dendron Ltd.
Tel: 01923 229251.



Autumn launch of six OTC softgel capsules for pharmacies

Self-Care Products will launch six new OTC softgel capsule products into pharmacies from September 1.

Fre-Bre is a breath freshener capsule containing parsley seed, peppermint and spearmint oils (rsp. £2.95 for 50).

Rojema 1000 is a royal jelly 1000mg capsule (rsp. £7.50 for 30).

Korseng is a Korean Panax ginseng CA Meyer 600mg capsule (rsp. £3.90 for 30).

Cloglar is a cod liver oil and odourless garlic capsule (rsp. £3.90 for 30).

Fishogar is a fish oil and odourless garlic capsule (rsp. £4.95 for 30).

Odo-Fre is a parsley seed capsule to help control odour reflux (rsp. £2.95 for 50).

Self-Care Products Ltd.
Tel: 0207 224 9697.

Spillproof Magic Cup is Avent's latest trick for the babes

Cannon Avent has launched a new spillproof drinking cup in its Avent range of baby feeding accessories.

The Avent Magic Cup features a silicone diaphragm that is activated by the baby's sucking to allow liquid through the spout.

The diaphragm is edged with a silicone skirt, which flexes to allow air back into the cup thus avoiding a vacuum build up so that the baby gets a continuous flow of liquid with no risk of colic.

When the baby stops sucking, the system shuts down, making the cup

spill-proof, whether shaken, thrown in the air or left on its side.

The cup is available in two sizes in translucent green or blue polypropylene. It has a chunky screw ring that comes in a choice of five opalescent colours. A snap-on lid keeps the spout clean.

The 200ml size has a soft spout and is designed for babies ready to move from the breast onto drinking from a cup. The 260ml version has a green toddler spout and is suitable from six months. Both sizes retail at £3.50.

Packs of two soft spouts or toddler

spouts with valves retail at £2.50. A pack of four Magic Cup valves is also available (rsp. £4.50).

● Cannon Avent has also introduced the new Avent ISIS Comfort Breast Shell Set (rsp. £9.99). The kit contains two ventilated shells to protect sore or cracked nipples and relieve engorged breasts.

Other new additions include the Avent Bottle Warmer and Avent Express Microwave Steam Steriliser which both retail at £19.99.

Cannon Avent.
Tel: 01787 267000.

The natural way to revive your profits.

Coming soon.



Gotcha Girls get fruity with face masks

Baylis & Harding is introducing a range of peel off face masks in its Gotcha Girls teenage toiletries collection.

The face masks are available in four fragrances - Gotcha Grape, Curly Cherry, Lucy Lemon and Gotcha Orange.

Suitable for all skin types, the masks are left on the face for 15 minutes before peeling off and rinsing thoroughly.

Each variant is presented in an individual display of 24 packs.

Retail price is £0.99 for 15g.

Baylis & Harding.
Tel: 0121 359 0099.

L'Oréal takes a clear approach to lips

L'Oréal will launch a new clear liquid lip gloss in its Rouge Pulp range in September.

L'Oréal Rouge Pulp Clear Gloss is formulated to combine long-lasting properties and high-gloss.

The product contains plant oils and lanolin to smooth, nourish and protect the lips against dehydration. It

Sealed with a Kiss

Jica Beauty Products is introducing two US cosmetic products into UK pharmacies.

Sealed with a Kiss is a lipstick fixative that is formulated to help prevent lipstick from bleeding into the fine lines around the lips.

It features a roll-on applicator and is claimed to seal lipstick for up to six hours.

My Spots are Concealed is a waterproof cover stick designed to erase and blend imperfections on the skin. It is suitable for hiding blemishes, birth marks, scars, spots, freckles and colour imperfections.

The cover stick is available in three natural shades - light, medium and dark.

These cosmetics have not been tested on animals. Both products retail at £4.95.

Jica Beauty Products Ltd.
Tel: 020 8979 7261.

also contains vitamin E and has an SPF of 8.

Presented in a feminine looking curved tube, the product has a foam tip applicator for precise application.

Retail price is £5.29.

L'Oréal Group UK.
Tel: 020 8762 4000.

Kodak is all set to snap gift sales

Kodak is introducing a new gift pack range for its Kodak Advantix cameras to help retailers make the most of the Christmas gift opportunity for camera sales.

Each gift pack contains a camera, film (Kodak Ultra or Kodak Ultra Zoom), case, strap and batteries. It also includes a voucher book offering £16 worth of savings on gift Kodak film, single-use cameras and processing.

A £2 million TV advertising campaign featuring the Advantix F350 Auto camera gift pack (rsp £39.99) will be on air from November 13 until December 24.

A new range of floor and counter merchandisers plus eye-catching PoS material will be available from September 1.

Chemist Brokers.
Tel: 02392 222579.



Arden wakes up tired skin with a treat

Elizabeth Arden will launch two new skincare products in October.

Good Morning Skin Serum (rsp £20, 15ml) is designed to be an invigorating instant morning treat for the skin. It is formulated to soften fine lines and improve the skin condition so foundation and make-up can be applied more smoothly and evenly.

The product is enriched with vitamin A, grape seed and grape extract, avocado and birch extract and Phytoclar - a botanical complex to improve the skin's clarity by brightening dull, tired-looking skin.

Good Night's Sleep Restoring Cream (£29, 50ml) is formulated to help skin repair its appearance and recover from daytime damage.

Ingredients include trehalose (found in desert plants) to help

protect skin from moisture loss, shea butter, evening primrose oil and borage seed oil.

The cream also contains lavender, honeysuckle and bitter orange peel for their soothing and calming effects. ● Elizabeth Arden will also introduce a concentrated version of its Green Tea fragrance in October.

Green Tea Intense Eau de Parfum has zesty top notes of lemon, orange, rhubarb, bergamot and peppermint. It has a heart of green tea, jasmine, carnation and celery seed and soft bottom notes of oakmoss, musk and white amber.

Packaging is in a spray frosted glass bottle and sleek silver-toned carton.

Retail price is £14 for 75ml.
Elizabeth Arden Ltd.
Tel: 020 7574 2700.

Curvaceous Sweetex Granulated look

Crookes Healthcare is introducing a new look for its Sweetex Granulated saccharin based table top sweetener to attract new users.

Sweetex Granulated now comes in a modern curved glass jar with bold, eye-catching colours and fruity images wrapped around the jar.

The curvaceous shape is designed

to reflect the suitability of the product for people who want to control their calorie intake.

The product is GM free and can be used for sprinkling and cooking. Available in two jar sizes, it retails at £1.35 (40g) and £2.29 (80g).

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

ON TV NEXT WEEK

Aquafresh toothpaste: All areas except U, CTV

Beconase Allergy: Sat, C5

Benadryl Allergy Relief: All areas

Bodyform: All areas except HTV, GMTV

Full Marks Mousse: GMTV, Sat

Gillette Mach3: All areas

Gillette Series Arctic Ice: All areas

Huggies: All areas

Imodium Plus: All areas

Just for Men: All areas

Listerine antiseptic mouthwash: ITV, C4, C5, Sat

Nytol: GMTV

Pearl Drops: All areas except C, CTV, W, CAR, TSW

Poli-Grip: All areas except IWT, GMTV, TSW

Pro Plus: C4, C5

Seabond: All areas

Solpadeine: U

Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

One simple, tax-free way to save - exclusive to health professionals and their partners...

and it's coming on 1 September, with special launch terms!

September 1 will witness an exciting breakthrough in tax-free savings exclusively for health professionals and their partners.

That's when RNPfN launches **one^{ISA}** insurance. It's RNPfN's first Individual Savings Account - and one that combines over 100 years of proven, powerful high-ranking savings performance with the very latest tax-free savings allowances.

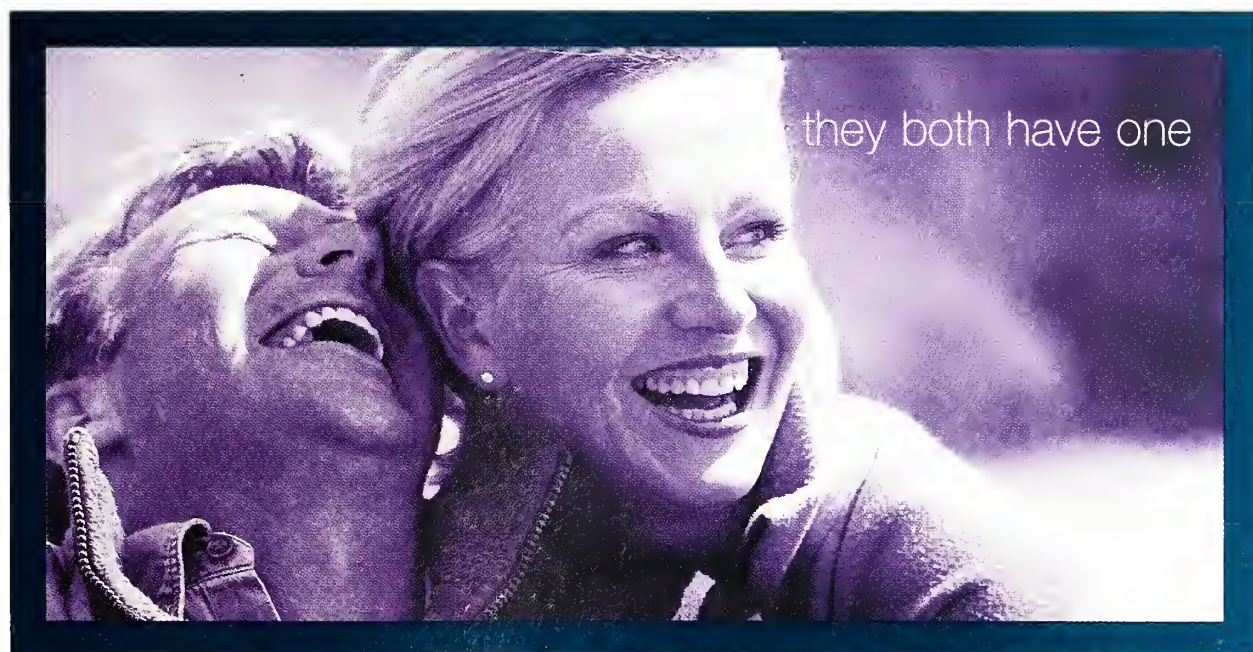
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To find out more about this simple, effective and flexible way to save, register now for your no obligation information pack. And take advantage of the special launch terms that waive all monthly charges for up to a year!

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Have you subscribed to an ISA since 5 April 2000?

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IN BRIEF

Snore wars

Passion for Life is now free to sell its Snareeze anti-snoring remedy following the company's success in the High Court action brought against it by MedGen Inc (US) for the right to sell Snareeze. It was ruled that all goodwill in Snoreeze, as previously marketed by Passion for Life, belonged exclusively to Passion for Life.

Passion for Life.

Tel: 020 7731 7333.

Stud spray

Stud 100 Desensitizing Spray for Men, the treatment for over-rapid ejaculation, is being distributed by manufacturer Pound International.

Pound International Ltd.

Tel: 020 7935 3735.

Denture web site

Stofford-Miller, manufacturer of Poli-Grip and Dentu-Creme, is launching a new web site, www.denture.co.uk, designed specifically for denture wearers.

Stofford-Miller Ltd.

Tel: 01707 331001.

Elastoplast gets really plastered outdoors

Smith & Nephew is investing nearly £250,000 in a new outdoor advertising campaign for its Elastoplast plaster brand. This focuses on Elastoplast Waterproof and is designed to extend the peak summer sales period through into the autumn.

The advertisement features the photography of Frank Herholdt, renowned for his high impact quirky images. The four-week campaign will run until mid September.

Smith & Nephew Consumer Products Ltd.

Tel: 0121 327 4750.



Real life drama for Solpadeine is on TV

SmithKline Beecham Consumer Healthcare is supporting Solpadeine with a new TV campaign designed to encourage new users to use the brand.

The campaign highlights the benefits of Solpadeine in a series of commercials featuring down to earth characters and real-life situations. Each commercial shows people getting on with their lives after pain relief.

The common theme is that Solpadeine is strong enough to be used in a wide range of indications

and that it can make a difference to people's lives. The commercials also stress the brand's Pharmacy-only availability.

The campaign will run from August 21 until September 17 with a second burst scheduled for the autumn. It is part of a £3.2 million multi-media spend.

POs material features eye-catching cubes with a similar theme to the TV commercial.

SmithKline Beecham Consumer Healthcare.

Tel: 020 8560 5151.



Daily fatigue 'e' training for pharmacy

Boehringer Ingelheim is launching a pharmacy training initiative on its new Pharmaton web site.

The web site, which is at www.dailyfatigue.co.uk, includes a UK pharmacy training site that features information on daily fatigue - from what it is, to recognising symptoms and treating the condition.

Pharmacists can also view business benefits of stocking Pharmaton, plus merchandising and display tips.

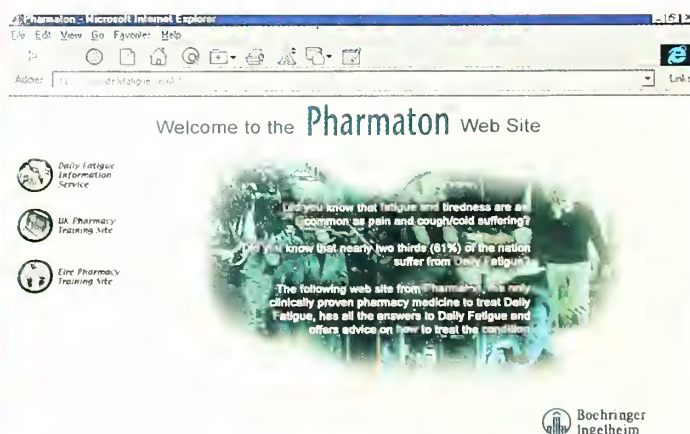
The site also includes answers to

typical customer queries and the opportunity for site users to post questions, which will be answered directly.

Other features include a training section for pharmacies within Ireland plus an information site for the public.

The site also allows sufferers to source information on daily fatigue and seek treatment and lifestyle advice.

Boehringer Ingelheim Ltd.
Tel: 01344 424600.



ABBREVIATED PRESCRIBING INFORMATION.

Presentation: A metered spray bottle containing 10 ml of a 10mg/ml solution of nicotine for intranasal use. Each 50 microlitres delivers 0.5mg nicotine.

Indications: Nicorette Nasal Spray is for the treatment of nicotine dependence and the rapid relief of withdrawal symptoms, which may occur during smoking cessation. It may be of particular benefit to the most heavily dependent smokers.

Dosage: Adults. Use should be restricted to 3 months. The three-month course consists of 8 weeks - as required to a maximum of one spray into each nostril twice an hour for 16 hours per day. Following 2 weeks, reduce usage by half. Final 2 weeks, reduce usage to zero. Children. Not for use by any persons under the age of 18 years.

Contraindications: Non-tobacco users or those known to be allergic to components of spray. Persons up to 18 years of age. Concurrent use of other nicotine containing preparations or tobacco products.

Pregnancy and Lactation: Contraindicated in pregnancy and lactation.

Precautions: Nicorette Nasal Spray should not be used whilst the user is driving or operating heavy machinery. Patients should stop smoking completely when initiating therapy. Use with caution in patients with a history of angina pectoris, peptic ulcer, chronic nasal disorders, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, peripheral vascular disease, diabetes, hyperthyroidism or phaeochromocytoma.

Principal Adverse Effects: These occur commonly at the start of therapy but usually decline within the first few days of treatment.

Local: Nasal irritation (sneezing, running nose), watering eyes and throat irritation.

Systemic: Nausea, headache and dizziness.

Other Adverse Effects: Sore nose, ear sensations, increased urination, tingling or burning sensation in the head, nose bleed, dyspepsia.

Legal Category: P.

Package Quantities: Metered spray bottle, 10ml in packs of one. Trade Price: 1 pack £10.99. (Trade price correct at time of going to press) Product Licence Number: PL00032/0255.

PL Holder: Pharmacia & Upjohn Ltd., Davy Avenue, Milton Keynes, MK5 8PH, UK.

Date of Preparation: June 2000.

REFERENCES: 1. Sutherland et al. Randomised controlled trial of nasal nicotine spray in smoking cessation. *Lancet* 1992; 340: 324-328.

NICORETTE®



I NEED A
CIGARETTE

I NEED A
CIGARETTE

I NEED A
CIGARETTE

I NEED A
CIGARETTE

Now you can give heavy smokers their best chance to quit. New Nicorette Nasal Spray has been shown to have 8 times the success rate in the most heavily dependent smokers (>20 cig/day) vs. placebo.¹ It not only relieves cravings faster than any other NRT format, but because it offers flexible dosing, it can be used whenever it's needed most. So when heavy smokers need rapid craving relief, make Nicorette Nasal Spray your first recommendation.



www.nicorette.co.uk

NEW

NICORETTE[®]
Nasal Spray
contains nicotine

THE FASTEST RELIEF FOR STRONG CRAVINGS

Pharmacia
&Upjohn

Partners for Success

Anne Widdowson owns and runs Widdowson's Chemists, an established pharmacy in a suburban area of Sheffield that is directly opposite a doctor's practice. Anne has faced two main problems as she has grown her business – shortage of cash-flow and the financial uncertainty that arose as a result of the NHS reimbursement system

Recently both issues have been resolved thanks to her involvement with a new pharmacy business solution, Pharmacy Partners.

The system with the PPA and the NHS meant for Anne that she was often not reimbursed in full for up to three months at a time. In a busy pharmacy, where the script numbers are rising, it was common for Anne to pay out large sums of money that she might not see again for anything up to three months.

Pharmacy Partners permanently releases the cash caught up in the payment cycle, and reimburses the pharmacist for their NHS dispensing on a daily basis.

Says Anne: "Pharmacy Partners has made a big difference to my cash flow. I get paid within days rather than months, which is really important. I've now got cash to invest in the business in whichever way I want."

The first payment Anne received from Pharmacy Partners enabled her to pay off personal loans. She also purchased equipment to improve her existing CCTV system. "I've had CCTV for some time but with some of the cash released by Pharmacy Partners I invested in a time-lapse video. This has already proved a success with a recent incident already heading for prosecution. The purchase gives me greater security and peace of mind.

"I've also been able to invest for the future on a regular basis and managed to avoid being overdrawn. I wish Pharmacy Partners had existed five years ago when I had a shop re-fit. I would have been able to purchase the shop fittings outright and saved on interest charges."

Pharmacy Partners also provides detailed, user-friendly, business



Anne Widdowson in front of her CCTV system

analysis reports to help Anne monitor and guide her business. Monthly data includes feedback on NHS turnover, cash-flow, dispensing trends, growth rates and helps monitor any scripts referred back to the pharmacist. These reports help Anne keep on the right tracks.

"I'm now looking forward to improving my profitability long-term," says Anne, "and with my time and cash freed up, I'll be able to

spend more time with customers and developing my business."

In summing up Pharmacy Partners, Anne says: "It's nice to be in a situation where the bank is now paying me interest! And although I've never had to use it, it's nice to know that there is someone at the end of the phone if I have any queries.

Payments from the NHS could vary month by month – but now, with Pharmacy Partners, I always know where I am."



Pharmacy Partners uses proven credit card technology

IN SUMMARY

- Pharmacy Partners releases pharmacists' cash caught up in the NHS cycle on a daily basis. Pharmacists will no longer bear the cost of continuously being owed money by the NHS. Now they have the opportunity to put their money to better use.

- Pharmacy Partners is a new way for pharmacists to permanently gain access to money to invest in their business. Pharmacy Partners gives pharmacists permanent cash to invest in their business and increase their profitability (eg improved buying, merchandising, premises, adding clinical services). In addition, the amount of cash released increases in step with the growth of the pharmacist's business.

- Pharmacy Partners puts the pharmacist in control of his daily NHS dispensing by converting it to a cash business. The pharmacist receives a report each night on the value of his NHS prescribing that day and payment of those funds within 48 hours, giving cash-flow certainty.

- Pharmacy Partners is easy to use, being based on proven credit card technology. Pharmacy Partners uses proven credit card technology to provide daily business information. Like a merchant credit card, it is available to all pharmacists. It is not a loan, is non-intrusive and is not tied to any wholesaler or industry supplier, providing greater flexibility.

- Pharmacy Partners is an independent business that enjoys major institutional banking.

For information contact Jeremy Tozer (BPharm (Hons) MRPharms) or the Client Services Consultants on Freephone 0800 144 5554



PHARMACYupdate

The food file

Exactly what constitutes a healthy diet varies between individuals and can depend on patients' medical conditions. In the second of a two-part feature, state registered dietitian **Anna Matthews** explains how to have a more healthy eating routine



Nutrition

The second part of a two-part feature explains what constitutes a healthy diet



Case history

Drugs used in rheumatoid arthritis

Medical update

The role of inheritance in cancer development

V

VIII



A healthy diet can mean different things to different people

People's perception of what constitutes a healthy diet is often confounded by the amount of misinformation in the media and the fact that even the experts cannot decide on an exact definition.

A significant proportion of the population is forced to follow a modified diet because of certain medical conditions. These modified diets may have unforeseen effects on nutritional intake.

This article outlines current general dietary recommendations for good health and highlights some of the effects of dietary

modification on overall nutritional intake. The recommended use of prescribable and over the counter products in therapeutic diets will be discussed, as will the implications for choice and use of medications.

The balance of good health

The 'Balance of Good Health' is a term used by the Department of Health to describe a generally recommended dietary pattern. It divides foods and beverages into five main groups, with the foodstuffs in each group contributing different essential nutrients.

- Starchy foods – bread, breakfast cereals, potatoes, pasta, rice or other grains – should be the staple for most people, and normally constitute over half their total energy intake. One should be included at each meal and form the basis of substantial snacks. Fibre-containing versions should be included when possible.

- Fruit and vegetables should be used to bulk out meals and used as low fat snacks. A minimum of five portions should be consumed daily. One portion of fruit may be in the form of a glass of unsweetened fruit juice.

- Meat, fish and alternatives (textured vegetable protein, tofu, Quorn products, pulses and

beans) provide protein, and two 100g (4oz) portions should meet a healthy adult's requirement. Meat should be lean and cooked without the addition of fats or oils.

- It is recommended that three portions of milk and dairy products are consumed daily (a portion is one third of a pint of milk, 1oz of hard cheese, or a 125g portion of yoghurt or cottage cheese). Lower fat versions should be used where possible.

- Foods that contain appreciable amounts of fat, especially saturates, (cooking and spreading fats, meat products, some cakes, biscuits, crisps and chips) should

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THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1173), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D SEPTEMBER 9, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand what the Balance of Good Health means
- To distinguish between diets for different conditions
- To recognise foods that are suitable for a gluten-free diet
- To be aware of high-fibre, low-sodium, and milk-free foods
- To be able to advise customers on a healthy diet

Continued from P1

normally be consumed in limited amounts.

- Sugary foods and drinks should not be consumed frequently throughout the day (or night).

- Salt should be used sparingly. It can be added either in cooking or at the table, but not both.

- Weekly alcohol consumption (recommendations are no more than 14 units for women and 21 units for men) should be spread throughout the week, and interspersed with one or two alcohol-free days.

These general guidelines need to be modified to meet individual requirements for the exact proportions and amounts from each food group, depending on body size, age, activity level and disease state.

Patients with certain medical conditions must modify their diet to control their condition and avoid complications. Patients who should follow a modified diet include those with diabetes, coeliac disease and hyperlipidaemia.

Diabetes

The recommended dietary pattern for patients with diabetes should optimise blood glucose control while minimising the risk of cardiovascular and renal disease. Individual tailoring is needed to balance the needs of the condition with the patient's quality of life.

Overall, the diet should be low in fat and high in fibre-containing carbohydrate foods. Meals should be based on a high fibre starchy food (cereal-derived foods, legumes, vegetables and fruit), contain average portions of low fat protein foods, and be bulked out with vegetables.

Moderate amounts of sugary foods may be incorporated but should mainly be consumed with a fibre-rich meal. Fibre-rich food will slow the digestion and absorption of glucose into the blood stream. Sugar-free, low sugar or diet versions of soft drinks, puddings and jams and marmalades may be taken in the place of the regular products.

'Diabetic' products, including jams and marmalades, confectionery, biscuits and cakes are not necessary. They contain sorbitol, which can cause osmotic diarrhoea when consumed in large quantities. Some products are high in fat, which is undesirable for overweight individuals.

Alcohol should not be consumed in excess. Up to four units a day, with a minimum of two alcohol-free days each week is a reasonable guide. Alcohol has a high energy content, so the overweight should further limit their intake.

Patients using insulin or taking

Table 1: Suitable and unsuitable foods for a gluten-free diet

Unsuitable foods	Suitable foods
Grains Wheat flour, wholemeal flour, wholewheat flour, wheatmeal flour, semolina, couscous, barley, rye, rye flour, pasta (all forms)	Arrawat, buckwheat, corn (maize), cornflour (maize flour), potato flour, rice, rice flour, sago, soya flour, tapioca, corn pasta, gluten-free pasta
Breakfast Cereals Most breakfast cereals	Permitted corn and rice-based cereals eg certain brands of cornflakes, Rice Crispies
Baked goods All ordinary breads, cakes, biscuits, crockers, wafers	Gluten free products – bread, rolls, bread mixes, cakes, biscuits, crackers
Meat and fish Pies, puddings, products containing flour, breadcrumbs, stuffing, suet	All fresh meat and fish, certain brands of manufactured products – canned meats, pastes, sausages, burgers
Fruit and vegetables Vegetables canned in sauces, potato products containing flour (croquettes)	All fresh, cooked, canned, dried and frozen fruit and vegetables, pulses, soya, certain brands of baked beans and crisps
Soups, sauces and gravies Many manufactured products thickened with flour	Certain brands
Beverages Barley-based coffee, barley squashes, malted drinks (eg Horlicks), beers, ales	Tea, pure coffee, cocoa, soft drinks, fresh fruit juices, wines, spirits, cider

sulphonylureas are particularly at risk of hypoglycaemia if they do not eat regularly. They are advised to eat three carbohydrate-containing meals daily and to have a starchy snack before bed.

Because of its hypoglycaemic actions, these patients should not drink alcohol on an empty stomach and should eat a starchy snack or meal afterwards. Metformin does not impose a risk of hypoglycaemia, although many patients mistakenly believe that it does.

Sugar-free formulations of liquid medicines should be used where possible.

Coeliac disease and dermatitis herpetiformis

In coeliac patients, gluten damages the lining of the jejunum, resulting in impaired absorption of nutrients. Dermatitis herpetiformis is a rare and chronic skin reaction to gluten that is characterised by recurrent itchy skin lesions. It is often, but not always, associated with the jejunal villous atrophy of coeliac disease.

Bath conditions are managed with a gluten-free diet. Gluten is present in wheat, rye and barley. Foods containing these cereals or their derivatives are listed in Table 1.

There are also many less obvious food sources of gluten. Wheat starch is a popular food thickener. Oats contain a similar protein and are found to be troublesome in some patients. Medical opinion is currently

divided, but oats are traditionally excluded from the coeliac diet.

The avoidance of gluten-containing foods has a considerable impact on the variety of food in a coeliac patient's diet, although there are plenty of foods that do not contain gluten (also listed in Table 1).

Energy intake can fall dramatically as a result of the reduced intake of starchy foods. Dietetic supervision is advisable to ensure an adequate energy intake, and that gluten is not being inadvertently consumed.

The requirement for prescribable gluten-free products is often underestimated. Gluten-free bread and other starchy products should provide a large percentage of patients' energy intake. And GPs often do not prescribe sufficient quantities.

Fibre intake will fall with the omission of breakfast cereals, breads and biscuits from the diet. Less frequent bowel habits may be perceived as constipation, but are often only relative to the malabsorption diarrhoea suffered previously. Fibre intake should be increased with the consumption of fruit, vegetables, pulses, brown rice, rice bran, soya bran and fibre-containing gluten-free breads and snacks.

Weight gain following a diagnosis of coeliac disease is likely to be due to cessation of malabsorption. Many patients consume a diet in excess of their energy requirements when malabsorption is present.

The Coeliac Society produces a

regularly updated booklet that lists all gluten-free products produced by the major manufacturers and supermarket chains.

At diagnosis, many have micronutrient deficiencies as a result of malabsorption. Iron, folic acid and calcium deficiencies are most common. Such deficiencies sometimes lead to the initial diagnosis of coeliac disease.

Osteoporosis risk is also elevated in coeliac disease. Calcium intakes of up to 1,500mg daily may be required long term. This intake is difficult to achieve through diet alone so a calcium supplement may be necessary.

Milk-free diets

A milk-free diet may be necessary in cases of milk protein intolerance or lactose intolerance.

Those with lactose intolerance may be able to tolerate small quantities of lactose and are able to follow a less restrictive, reduced dairy product diet. Small amounts of milk may be tolerated in composite items and more processed forms such as cheese and yoghurt. Lactose-reduced cows' milk can be used to replace regular milk.

Others with lactose intolerance and those with milk protein intolerance must avoid all milk products, milk derivatives and lactose. Many manufactured foods contain milk or milk derivatives, so product labels must be thoroughly checked.

As milk is a major source of protein, energy, calcium, riboflavin and vitamin A, it is vital that a nutritionally adequate substitute is given. Milk substitutes are soya-based and are prescribable for those with milk or lactose intolerance, or galactosaemia. Nutritionally incomplete milk replacements are not an adequate substitute due to their low calcium and other micronutrient content.

A calcium supplement may be recommended when the daily intake of calcium enriched milk substitute is less than 500ml. About half the daily calcium requirement can be met from calcium-containing, non-dairy product foods, so that a 400mg supplement is usually adequate. The use of medications containing a lactose excipient should be avoided if possible.

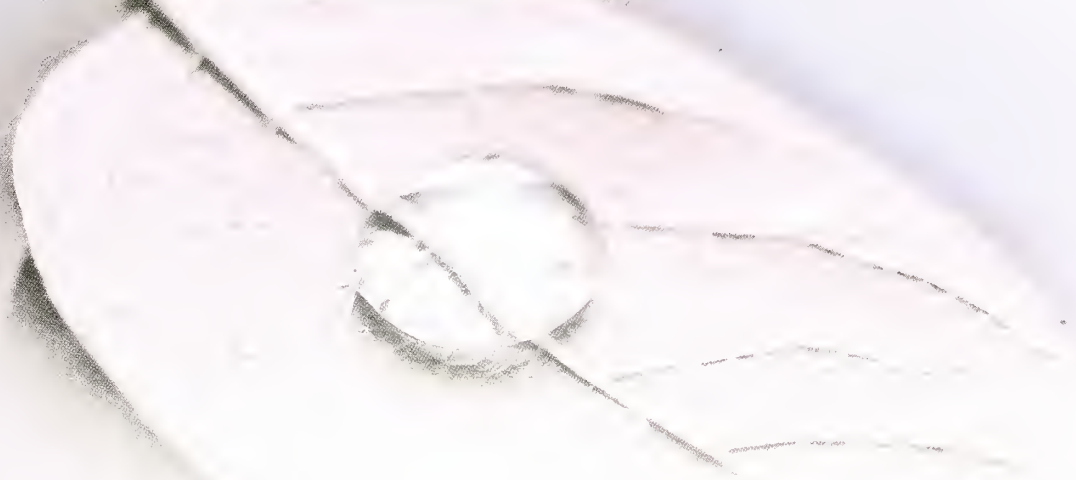
Hyperlipidaemia

Dietary modification should be the first line management in the prevention and treatment of hypercholesterolaemia and hypertriglyceridaemia. But lipid-lowering medications are commonly recommended if multiple risk factors for CHD are identified.

Continued on P1V →

Amilamont

Amiloride Hydrochloride



the only licensed potassium sparing diuretic in an oral liquid form

Did you know that there is a potassium sparing diuretic in oral liquid form, which provides an alternative to tablets for the elderly and patients with swallowing difficulties. Amilamont is sugar free, and comes in a ready to use 5mg/5ml strength for easy dose administration and can be used with other diuretics such as Frusemide.

Another easy to swallow option from



THE SPECIALISTS IN ORAL LIQUID MEDICINES



'Amilamont' Amiloride Hydrochloride Oral Solution 5mg/5ml

Abbreviated Prescribing Information. Presentation: Amilamont is an oral solution containing Amiloride Hydrochloride BP equivalent to 5mg anhydrous Amiloride Hydrochloride in each 5ml. **Therapeutic Indications:** It is a potassium sparing diuretic, principally used as concurrent therapy with thiazides or more potent diuretics to conserve potassium during periods of vigorous diuresis and during long term maintenance therapy. In hepatic cirrhosis with ascites, Amilamont usually provides adequate diuresis, with diminished potassium loss and less risk of metabolic alkalosis, when used alone. It may be used with more potent diuretics when greater diuresis is required while maintaining a more balanced serum electrolyte pattern. **Posology and Method of Administration:** Adults: Amilamont alone. The usual initial dosage is 10mg (as a single dose or 5mg twice a day). The total daily dose should not exceed 20mg a day. After diuresis has been achieved, the dosage may be reduced by 5mg increments to the least amount required. Amilamont with other diuretic therapy: When Amilamont is used with a diuretic, which is given on an intermittent basis, it should be given at the same time as the diuretic. **Hypertension** 5 or 10mg a day, together with the usual antihypertensive dosage of thiazide concurrently employed. It is not usually necessary to exceed 10mg of Amilamont a day, in any event not more than 20mg of Amiloride Hydrochloride should be given. **Longestive heart failure** Initially 5 - 10mg a day, together with the usual dosage of the diuretic concurrently employed. If diuresis is not achieved with minimal dosage of both agents the dosage of both agents may be increased gradually, but that of Amilamont should not exceed 20mg a day. Once diuresis has been achieved, reduction in dosage of both agents may be attempted for maintenance therapy. The dosage of both drugs is determined by the diuresis and the level of plasma potassium. **Hepatic Cirrhosis with ascites** Treatment should be started with a small dose of Amiloride Hydrochloride i.e. 5mg plus a low dosage of the other diuretic agent. If necessary, dosage of both agents may be increased gradually. The dosage of Amiloride Hydrochloride should not exceed 20mg a day. Maintenance doses may be lower than those required to initiate diuresis, reduction in the daily dosage should therefore be attempted when the patients weight is stabilised. **Children** Contra-indicated. **Elderly** The dosage should be carefully adjusted according to renal function, blood electrolytes and diuretic response. **Contra-indications:** Hyperkalaemia (plasma potassium over 5mmol/l) other potassium-conserving agents or potassium supplements (see Precautions); anuria; acute renal failure, severe progressive renal disease, diabetic nephropathy (see Precautions); prior sensitivity to this product. Safety for use in children is not established. **Precautions & Interactions:** **Diabetes Mellitus:** In known or suspected diabetic patients, the status of renal function should be determined before initiating therapy. Amilamont should be discontinued for at least three days before a glucose tolerance test. **Metabolic or Respiratory Acidosis:** Potassium conserving therapy should be initiated only with caution in severely ill patients in whom metabolic or respiratory acidosis may occur. **Hyperkalaemia:** This has been observed in patients receiving amiloride alone or with other diuretics. These patients should be observed carefully for clinical, laboratory or ECG evidence of hyperkalaemia. Some deaths have been reported in this group of patients. Hyperkalaemia has been noted particularly in the elderly and in hospital patients with hepatic cirrhosis or cardiac oedema who have known renal involvement, who were seriously ill, or were undergoing vigorous diuretic therapy. Neither potassium-conserving agents nor a diet rich in potassium should be used with Amilamont except in severe and/or refractory cases of hypokalaemia. If the combination is used, plasma potassium levels must be continuously monitored. **Impaired renal function:** Patients with increases in blood urea over 10mmol/l, serum creatinine over 130(mmol/l, or with diabetes mellitus, should not receive Amilamont without careful, frequent monitoring of serum electrolytes and blood urea levels. In renal impairment, use of a potassium conserving agent may result in rapid development of hyperkalaemia. **Treatment of Hyperkalaemia:** If hyperkalaemia occurs, Amilamont should be discontinued immediately and, if necessary, active measures taken to reduce the plasma potassium level. **Electrolyte Imbalance and Reversible Blood Urea Increases:** Hyponatraemia and hypochloreaemia may occur when Amilamont is used with other diuretics. Reversible increases in blood urea levels have been reported in accompanying vigorous diuresis, especially when diuretics were used in seriously ill patients, such as those with hepatic cirrhosis with ascites and metabolic alkalosis, or those with resistant oedema. Careful monitoring of serum electrolytes and blood urea levels should therefore be carried out when Amilamont is given with other diuretics to such patients. **Cirrhotic patients:** Oral diuretic therapy is more frequently accompanied by side effects in patients with hepatic cirrhosis with or without ascites. In patients with pre existing severe liver disease, hepatic encephalopathy manifested by tremors, confusion and coma, and increased jaundice have been reported in associated with diuretics, including Amiloride. Lithium should not be given with diuretics. When combined with thiazide diuretics, Amiloride can act synergistically with chlorthalidate to increase the risk of Hyponatraemia. When Amiloride is administered concomitantly with an angiotensin-converting enzyme inhibitor, the risk of hyperkalaemia may be increased. **Pregnancy and Lactation:** Because clinical experience is limited, Amiloride is not recommended for use during pregnancy. It is not known whether Amiloride is excreted in human milk. **Effects on Ability to Drive and Use Machines:** None known. **Undesirable Effects:** Amiloride is normally well tolerated, although minor side effects are reported relatively frequently. Except for hyperkalaemia, significant side effects are infrequent. Nausea, anorexia, abdominal pain, flatulence and mild skin rash are probably due to Amiloride; but other side effects are generally associated with diuresis or with the underlying condition being treated. **Overdose:** No data are available; and it is not known whether the drug is dialysable. The most likely signs and symptoms are dehydration and electrolyte imbalance which should be treated by established methods. Therapy should be discontinued and the patient observed closely. No specific antidote is available. If ingestion is recent, emesis should be induced or gastric lavage performed. Treatment is symptomatic and supportive. If hyperkalaemia occurs, active measures should be taken to reduce plasma levels. The plasma half life of amiloride is about six hours. **Shelf Life and storage:** 24 months at or below 25° C. **Legal Category:** POM. **Pack Size and NHS price:** 150ml, £39.73. **Marketing Authorisation Holder and PL Number:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE. PL 00427/0091. Date of preparation: March 2000

Continued from P11

The intake of fat, especially saturated fat, should be reduced so that it provides less than about a third of total energy intake. Where fat is used, mono-unsaturated forms should be chosen.

Oily fish (mackerel, salmon, sardines) are a rich source of monounsaturated fatty acids and certain polyunsaturated fatty acids. Eating these fish regularly has been shown to reduce the risk of heart disease. Oily fish should be eaten two to three times a week.

Alternatively, patients can take 500-1,000mg a day of a fish oil supplement (not fish liver oil) that is rich in eicosapentaenoic (EPA) and docosahexaenoic acids (DHA).

Rich sources of soluble fibre, such as porridge oats, fruit and vegetables, and beans and pulses, should be consumed daily as they can lower plasma lipid levels.

Excessive alcohol intake may contribute to elevated cholesterol levels and should be avoided. Moderate alcohol intake appears to convey some protection from heart disease so should not be discouraged, except in those who are overweight and in those with hypertriglyceridaemia who should also limit sugary drinks and foods.

Salt intake should be kept to a minimum to limit any contribution to hypertension.

Those who are not overweight may find that they lose weight when instigating the recommended dietary changes, and should increase their consumption of fibre rich starchy foods and low fat protein foods to maintain an adequate energy intake.

High fibre

High fibre diets are recommended in the management of constipation and diverticular disease. Fibre intake should be increased gradually and fluid intake should

Table 2: Foods high in sodium

Meat and meat products

Tinned meats eg corned beef, luncheon meat
Salted meats eg bacon, ham, tongue, gammon
Sausages, salami, beef burgers, meat pies
Meat pastes and pâté
Ready prepared stews, casseroles etc

Fish and fish products

Smoked fish eg haddock, kippers
Tinned fish eg salmon, sardines, tuna
Fish pastes and pâté
Fish pies and prepared fish dishes

Dairy Products

Hard and soft cheeses, cheese spread

Other foods

Tinned spaghetti and baked beans
Porridge with salt and salted biscuits
Oxo, Bovril, Marmite
Gravy granules and stock cubes
Pickles, chutneys, ketchups, olives
Crisps and other salted snacks
Salt, sodium bicarbonate,
Monosodium glutamate

be at least eight cups daily. Gradual incorporation of fibre into the diet may minimise flatulence. Sources of soluble fibre are the most troublesome in causing flatulence

Deterioration in bowel muscle function in the elderly may result in poor response to fibre supplementation. Lactulose is the gentlest osmotic laxative and is the first choice for short-term re-establishment of bowel habits.

Low fibre

Low fibre diets may be required by those with certain bowel

conditions such as irritable bowel syndrome, and by those with a colostomy or ileostomy. These foods should be kept to a tolerable level. Strict avoidance of fruit and vegetables may lead to vitamin deficiencies, so a multivitamin supplement may be advisable. The gentler bulk-forming laxatives and lactulose may be required to maintain regular bowel habits.

Low sodium

Sodium restricted diets may be required by those with renal or hepatic disease, or those with

hypertension. There are different levels of restriction, depending on the condition.

A 'no added salt' diet aims to restrict sodium intake to 80-100mmol daily. This can be achieved by not adding salt to food and avoiding salt-rich foods (see Table 2).

Low salt (40mmol) and low sodium (22mmol) diets involve restricting bread, dairy products, many meat and fish products, cakes and biscuits, some vegetables, some breakfast cereals, dried fruits, many confectionery items, most soups, sauces and gravies, and many miscellaneous products. Close dietetic supervision is required for this type of diet.

Pure and sea salt products are obviously not suitable, but many patients mistakenly use them. Many salt substitutes are available in supermarkets, some which still contain sodium, and are generally not recommended. Salt substitutes containing other salts (eg potassium) are not normally recommended and should be particularly avoided by those with renal impairments.

The sodium content of medications must be considered and adjusted where possible.

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C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until March 2001.

ACTION PLAN

1. In your practice workbook devise three menus, breakfast lunch and dinner for an average 85kg male for two days.
2. Do the same for a patient who has diabetes.
3. Make a table in your practice workbook of foods with a high cholesterol content. In the same table list foods, the intake of which should be limited by patients suffering from hyperlipidaemias.
4. List high fibre foods together with the amount that contains the recommended weight for daily intake. You will have to find a suitable source of this information.
5. Are there any foods, apart from dairy products, which are rich in calcium? If so, list them.



High fibre diets are recommended in the management of constipation and diverticular disease

Joint treatment plan

Drugs used in rheumatoid arthritis have a range of potentially serious side effects. Mary Allen, FRPharmS, uses a case study to illustrate the pharmacist's role in RA



Mrs Archer is a frequent customer in Jill's pharmacy. She is 67 years old and suffers from rheumatoid arthritis. She has tried a number of medicines in order to control the pain and stiffness associated with her condition, and in an attempt to slow its progression.

The medicines

Mrs Archer's current PMR reads as follows:

Co-dydramol 10/500 tabs
Take two when required
Hydroxychloroquine tabs 200mg
Take one tab TDS
Movelat gel
Rofecoxib 12.5mg tabs
Take one twice daily

The condition

Rheumatoid arthritis (RA) is a common, chronic systemic disease. It affects around 2 per cent of the world's population and is three times more common in women than men.

The age of onset varies but is frequently between 30 and 50 years. Around 5 per cent of women over 65 are likely to be sufferers. People with a family history have an increased risk of developing the condition.

RA is thought to be an autoimmune disease, although its cause is not fully understood. It produces an inflammatory polyarthritis with progressive joint damage, which can lead to severe disability.

Symptoms are listed in Box 1.

Box 1: symptoms and signs of RA

General symptoms and signs of rheumatoid arthritis

- Joint pain
- Morning stiffness, which may last several hours
- Disability (depending on severity)
- General malaise and fatigue

- Swelling in soft tissues
- Warmth
- Tenderness
- Limitation of movement
- Nodules
- Deformities (in later stages of disease)

Non-articular (non-joint) involvement may occur, causing muscle wasting, eye problems, lung abnormalities or anaemia.

The goals of any treatment for RA are to relieve symptoms, preserve joint mobility, prevent structural damage and deformity, and to maintain a normal lifestyle. Most patients are treated with a combination of simple analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), disease-modifying anti-rheumatic drugs (DMARDs) and sometimes, corticosteroids, together with physiotherapy and exercise.



How do Mrs Archer's current drugs help?

Co-dydramol is a combination analgesic, which will help to

reduce the pain caused by inflammation in the joints. Further relief may be obtained through the local application of the rubefacient Mavelat.

Hydroxychloroquine is an antimalarial drug that has been found to modify the disease process in RA. Rofecoxib is a recently introduced non-steroidal anti-inflammatory analgesic, thought to selectively inhibit the enzyme cyclo-oxygenase-2 (COX-2). COX-2 inhibitors cause fewer gastrointestinal side effects than the older NSAIDs. However, despite its use in Mrs Archer, rofecoxib is currently indicated only for use in osteoarthritis, not RA.

Should Mrs Archer be treated with a standard NSAID?

Given as a single dose, an NSAID will provide a level of pain relief similar to paracetamol. Used regularly in appropriate dosage, NSAIDs provide more lasting analgesia and an anti-inflammatory effect. This makes them a suitable choice for the treatment of chronic pain in inflammatory conditions such as RA.

The full analgesic effect of NSAIDs takes about seven days to develop, while the anti-inflammatory response takes up to three weeks. If patients do not respond within this time, prescribers should try a different NSAID. Although the differences in anti-inflammatory activity between the various NSAIDs are small,

patients may vary in their individual response to different drugs.

The main differences between NSAIDs relate to the frequency and severity of side effects. The drug group is a large one and includes aspirin, ibuprofen, naproxen, diclofenac, indometacin, piroxicam, flurbiprofen and mefenamic acid. In the past, aspirin was the first line drug in RA, but large doses are required for full anti-inflammatory effect, and it is often less well tolerated than other NSAIDs.

NSAIDs should be used with caution in the elderly, because of increased risk of serious side effects. Each year, around 12,000 UK hospital admissions and 2,000 deaths are attributed to NSAIDs.

The *British National Formulary* (in its section on prescribing in the elderly) recommends the avoidance of NSAIDs in older patients with RA unless paracetamol, alone or in combination with a low-dose opioid, has failed to relieve the pain. Where necessary, a low dose of NSAID should be added, starting with ibuprofen since this is associated with the lowest risk of GI side effects. Diclofenac, naproxen, ketoprofen, indometacin and piroxicam carry an intermediate risk.

NSAIDs are potentially hazardous in patients with cardiac disease or renal impairment (see Box 2). Hypersensitivity reactions may occur so NSAIDs should be avoided in patients where asthma,



THE COLLEGE OF
PHARMACY PRACTICE

THIS COURSE (MODULE 1174),
IN ASSOCIATION WITH MULTIPLE
CHOICE QUESTIONS BEING
PUBLISHED IN C&D SEPTEMBER
9, PROVIDES ONE HOUR'S
CONTINUING EDUCATION

OBJECTIVES

- To understand the treatment goals in rheumatoid arthritis
- To distinguish between the actions of drugs used in RA
- To recognise the particular benefits of each drug
- To be aware of possible side effects
- To be able to advise customers about their RA drugs

Continued on PVI →

Box 2: Problems associated with the use of NSAIDs in older patients

1. Increased risk of bleeding

When NSAIDs are initiated (and if another NSAID is tried), patients should be monitored for GI bleeding for four weeks. The drugs should be avoided in patients with a previous history of peptic ulceration and should not be given to patients with active ulceration.

Where vulnerable patients are dependent on NSAIDs for symptom control, omeprazole, lansoprazole or misoprostol may be used to prevent NSAID-associated ulcers (see recent NICE guidelines, *C&D* July 15 p10). H2 antagonists such as ranitidine may be useful in preventing duodenal ulcers, but not gastric ulcers. NSAIDs should be taken with food or milk to minimise dyspepsia.

2. Effects on renal function

NSAIDs may be hazardous in patients with heart disease or renal impairment, as they can cause deterioration in renal function. Low doses only should be used, and renal function monitored.

Continued from PV

urticaria, angioedema or rhinitis have been previously associated with aspirin or other NSAIDs.

An examination of Mrs Archer's PMR showed that she had previously been prescribed ibuprofen, aspirin and naproxen, separately and at various times, along with ranitidine. The ranitidine had been discontinued when rofecoxib was started.

What's different about rofecoxib?

NSAIDs work by inhibiting the enzyme cyclo-oxygenase, causing a reduction in prostaglandin synthesis, resulting in less pain and inflammation. It is now recognised that cyclo-oxygenase has two forms. Cyclo-oxygenase-2 (COX-2) is involved with prostaglandin synthesis. Cyclo-

oxygenase-1 (COX-1) is required for maintenance of the integrity of the gastric mucosa, and has a role in renal homeostasis and platelet function.

Conventional NSAIDs inhibit both COX-2 and COX-1, which means that although they reduce the synthesis of prostaglandins involved in pain and inflammation, they also interfere with the protective action of COX-1, leading to the associated problems.

Rofecoxib (Vioxx) is a potent selective inhibitor of COX-2. It has been developed, along with the more recently launched celecoxib (Celebrex), with a view to being safer than conventional NSAIDs. Celecoxib is licensed for both rheumatoid and osteoarthritis, while rofecoxib is licensed only in OA. The recommended dose of rofecoxib is 12.5mg daily, with some patients requiring 25mg once daily.

Recent results from the VIGOR study (Vioxx gastro-intestinal outcomes research) showed that rofecoxib offered improved gastro-intestinal safety compared with naproxen.

Although rofecoxib is not licensed for RA, Mrs Archer's daily dose is within normal limits. But Jill wondered why she was taking it twice daily instead of once daily.

What about the hydroxychloroquine?

Hydroxychloroquine has been found to suppress the disease process in RA. It is classed as a disease-modifying anti-rheumatic drug (DMARD). Other DMARDs include gold, penicillamine, sulfasalazine, chloroquine, and immunosuppressants such as azathioprine, cyclosporin and methotrexate.

DMARDs are used where NSAIDs fail to provide adequate relief. Their mechanism of action remains unclear.

DMARDs possess no inherent analgesic activity, and are not directly anti-inflammatory. Instead, they act on the immune response that stimulates the inflammatory pathway. They are effective only in RA and not in degenerative arthritis or gout.

Individual DMARDs may have separate actions in other diseases

(for example, hydroxychloroquine is an anti-malarial drug). In addition to their effect on the joint disease, DMARDs may have a positive effect on extra-articular symptoms such as vasculitis.

DMARDs do not produce an immediate response and may take four to six months to show any benefit. As RA may be unpredictable in its early stages, it is best to wait for six months or so before introducing a DMARD. Any DMARD not producing a response within six months should normally be discontinued.

Side effects of DMARDs

Hydroxychloroquine is often better tolerated than some DMARDs, though not all patients derive benefit from its use. It should be used with caution in patients with hepatic or renal impairment.

Hydroxychloroquine (and chloroquine) can cause retinopathy, so visual impairment should be assessed before treatment is initiated, and monitored during treatment. The BNF contains useful reference to the Royal College of Ophthalmologists' monitoring recommendations.

Blood disorders can occur with all DMARDs (less frequently with hydroxychloroquine than with other DMARDs), so monitoring is often required. White blood cell counts may decrease, leaving patients vulnerable to infection. Similarly, thrombocytopenia (low platelet count) may lead to abnormal bleeding or bruising. Patients and carers should be vigilant and report any symptoms associated with these disorders.

Liver function should be monitored and, for some DMARDs, urine tests should be undertaken to detect proteinuria. The incidence of blood disorders and other side effects such as rashes or mouth ulcers may be minimised by starting with a low dose and increasing gradually. Most (including hydroxychloroquine) cause gastro-intestinal side effects.

What about the dose of hydroxychloroquine?

Mrs Archer's dose of three tablets daily is higher than the recommended maximum

ACTION PLAN

1. What is the difference (to the patient) between rheumatoid and osteoarthritis?
2. Are the combined analgesics more effective than the single drug?
3. Is co-dydramol the drug of choice if a combined analgesic is to be prescribed? List the most common side effects of the combined analgesics.
4. Is it true that ibuprofen carries the 'lowest risk of GI side effects'? (see previous articles in the *C&D*)
5. Hydroxychloroquine is used for other auto-immune conditions; list them in your practice workbook.

dose of 400mg daily. Jill resolved to discuss this with the GP.

When Mrs Archer came in to collect her prescription she said that she didn't want to take the rofecoxib, as she had developed painful mouth ulcers and she felt these had been caused by the new drug.

Is rofecoxib to blame?

Mouth ulcers are listed as a side effect of rofecoxib. However, Jill remembered that DMARDs can also be the cause of mouth ulcers.

A glance at her reference books showed that ulcers were not listed as a specific side effect of hydroxychloroquine.

Since Mrs Archer had been taking the latter for a few years, she felt it was unlikely to be responsible, and that rofecoxib was more likely to be the culprit. The GP had referred her back to the hospital consultant.

Jill had three other patients for whom she dispensed rofecoxib. All three felt they were benefiting from the drug, and none had developed mouth ulcers.

Jill decided to look at the PMRs of other patients with RA and the medicines they were taking over the next few months. She resolved to update her knowledge of medicines used in rheumatoid arthritis, particularly the DMARDs.

PHARMACY update: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be

inserted in the September 9 issue, which will cover this week's CPP-accredited modules, together with those in the August 5 issue.

In other words:

- Drug misuse (1172)
- Nutrition part two (1173)
- Rheumatoid arthritis (1174).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with



GENUS PHARMACEUTICALS

scribing Information
Please refer to the full
C before prescribing)
150 mg
longed-release tablets
(bupropion HCl)

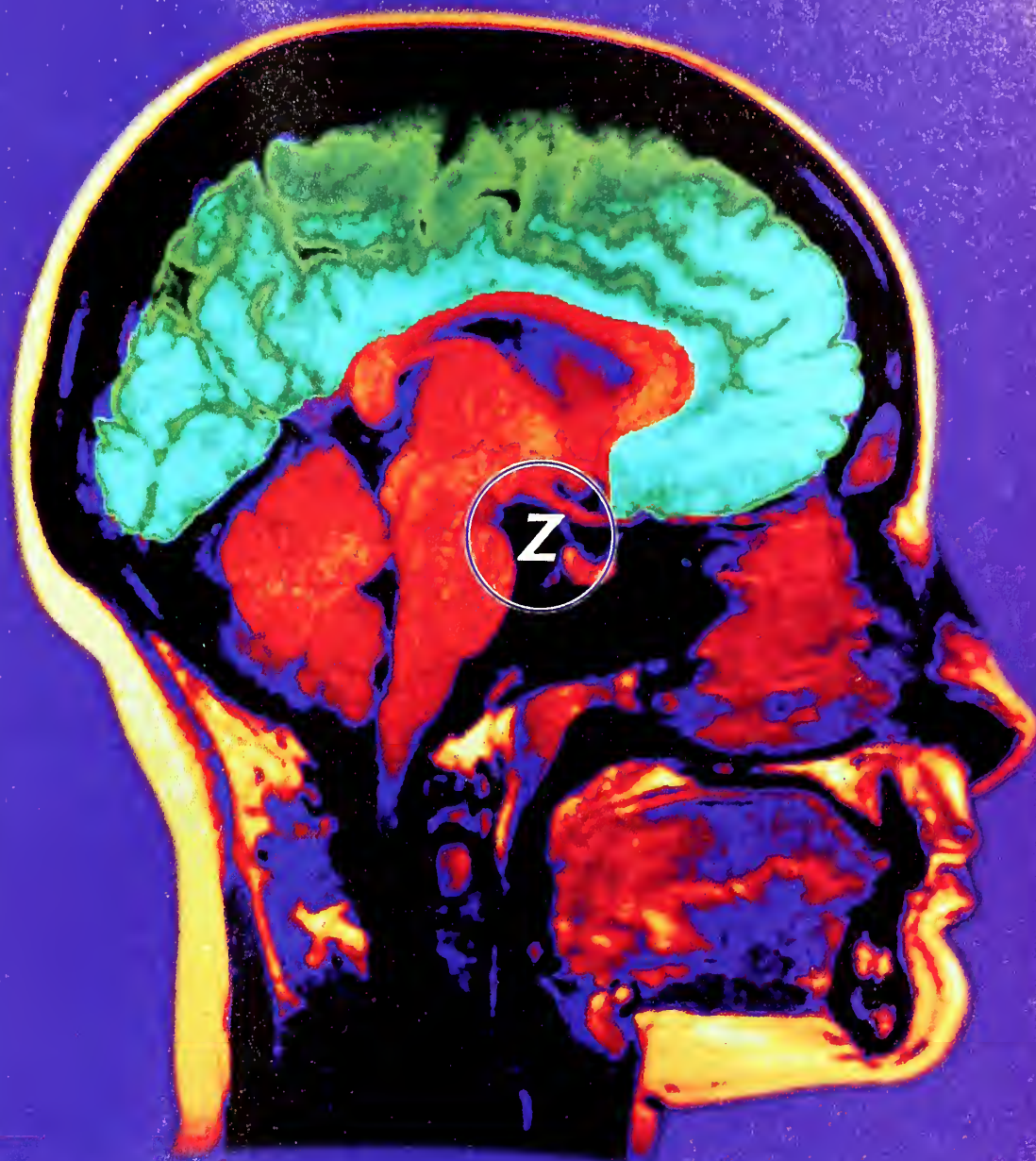
Smoking cessation (with motivational
support) in nicotine-dependent patients.
Dose and administration Adults from
18 years: Start treatment while still
smoking and set 'target stop date' within
two weeks. 150 mg o.d. for 3 days then
75 mg b.i.d. for remainder of 7 to 9 week
course. Maximum 150 mg single dose and
75 mg daily. Allow at least 8 hours
between doses. Review at week 7;
continue if no effect. **Elderly, renal or
hepatic impairment:** 75 mg o.d. **Contra-indications** Hyper-
sensitivity, previous/current seizure or
eating disorder, recent/current MAOIs,
hepatic cirrhosis, bipolar disorder.
Precautions Predisposition to lowered
seizure threshold/increased risk of
seizures (including previous head injury,
brain tumour, other medications, alcohol
abuse, diabetes), renal or mild-to-
moderate hepatic impairment, elderly,
history of psychotic episodes. **Drug
interactions** Theophylline, tricyclics, SSRIs,
MAOIs, antipsychotics, beta-blockers,
calcium channel blockers, enzyme inducers/
inhibitors, orphenadrine, cyclophosphamide,
zidovudine. **Pregnancy and lactation** Not
recommended. **Side effects** Common:
dry mouth, gastrointestinal pain/upset,
headache, tremor, concentration disturbance,
dizziness, depression, agitation,
rash, pruritus, urticaria, sweating,
taste disorders. Uncommon: chest
pain, asthenia, tachycardia, blood pressure
changes, flushing, confusion, anorexia,
blurred vision, visual disturbance. Rare: vasodilation,
syncope, seizures, severe hypersensitivity
reactions including anaphylaxis, arthralgia,
fever and rash, erythema multiforme,
Stevens-Johnson syndrome. **Presentation**
Zyban 150 mg tablets. **Basic NHS cost** 60 tablets £42.85.
Product Licence (PL) no. PL10949/0340.
Holder Glaxo Wellcome UK Ltd.,
Sharnbrook, Wetherby, West Yorkshire, LS17 7EX.

Further information is available from:
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Sharnbrook, Wetherby, West Yorkshire, LS17 7EX.
Customer services: 0800 221 441.
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References
1. Hays RD, Hays RD, Hays RD. Hosp Pract 1996; Oct 15:
59.
2. Hays RD. Primary Care Clinics in Office
Practice 1999; 26: 653-669.
3. Hays RD, Sullivan MA, Johnston JA, et al.
J Gen Intern Med 2000; 15: 17-31.
4. Hays RD, Leischow SJ, Nides MA, et al.
J Gen Intern Med 1999; 14: 685-691.

GlaxoWellcome

FOR SMOKING CESSATION Z MARKS THE SPOT



Nicotine addiction is a neurobiologically-mediated brain disease.¹ Zyban is a unique non-nicotine tablet therapy that works in the brain by acting on the neurotransmitters involved in nicotine addiction and withdrawal.^{2,3} In a trial published in The New England Journal of Medicine, Zyban was shown to be almost twice as effective as a nicotine patch in achieving smoking abstinence at one year.⁴

NEW
Zyban
bupropion HCl SR

Science against smoking

Inheritance a minor factor in cancer susceptibility

Inherited genetic factors make a minor contribution to susceptibility to most forms of cancer. But genetics plays a large part in the development of some forms, such as prostate and colorectal cancer.

The findings came from a study of over 44,000 pairs of Scandinavian twins. Data was assessed on the risks of cancer at 28 anatomical sites for the twins of people with cancer.

At least one cancer occurred in 10,803 people among 9,512 pairs of twins. An increased risk was found among the twins of affected persons for stomach, colorectal, lung, breast and prostate cancer. Statistically, significant effects of heritable

factors were observed for prostate cancer (42 per cent of the risk may be explained by heritable factors), colorectal cancer (35 per cent) and breast cancer (27 per cent).

Overall, the twin of a person with cancer had an increased risk of having the same cancer. The twin of a male monozygotic twin (ie sharing all genes) who had stomach cancer had a risk of stomach cancer that was 9.9 times that of the monozygotic twin of a person without stomach cancer. The concordance for stomach cancer in male monozygotic twins was 0.08, which means that there is an 8 per cent probability that the identical twin of a man with stomach

cancer will have the same cancer.

Concordance for most of the other cancers was less than 0.1, and no concordant pairs were observed for cancers at nine sites. For cancers at most of the remaining sites, the concordance between monozygotic twins was greater than that between dizygotic twins (ie those sharing half their segregating genes).

The authors of the study, which was published in *The New England Journal of Medicine* (343; 78-85), concluded that the overwhelming contributor to the causation of cancer was the environment. The relatively large heritability of some cancers suggests major gaps in the understanding of heritable cancer.

Orally administered insulin does not prevent beta-cell destruction

Oral administration of insulin at onset of type 1 diabetes does not prevent the deterioration of beta-cell function, according to a study in *The Lancet* (356; 545-549).

The study used 131 autoantibody-positive diabetic patients aged 7-40 years within two weeks of diagnosis. They were randomly assigned 2.5mg or 7.5mg oral insulin daily, or placebo for one year, in addition to subcutaneous insulin therapy. Serum C-peptide concentrations were measured in the fasting state and after stimulation, to assess beta-cell function.

There were no differences between the three groups in subcutaneous insulin needs, HbA1c concentrations, or measurements of fasting or stimulated C-peptide concentrations.

These findings were despite the fact that oral autoantigens, particularly insulin, can prevent autoimmune diabetes in non-obese diabetic mice. Induction of oral tolerance would be an attractive form of antigen-driven peripheral immunomodulation to treat organ-specific autoimmune disease. Advantages would be oral administration, lack of toxic effects and antigen specificity.

The researchers suggested that further studies are needed to investigate if different modalities of oral administration of autoantigens could induce oral tolerance and protect beta-cells from destruction in human type 1 diabetes.

Diabetes risk rises in kids of older mums

Children of older mothers have an increased risk of type 1 diabetes, according to a study in the *British Medical Journal* (321;420-424).

And the risk is higher among first-born children of mothers who start their families late. This increase in maternal age at delivery over the past 20 years could partly account for the increased incidence of childhood diabetes over the same period, suggested the researchers.

The prospective study was based

on a population of 1,375 families in which at least one child had diabetes. Of 3,221 offspring, 1,431 had diabetes. Their median age at diagnosis was 10.5, and 1,790 remained non-diabetic at a median age of 16.1 years.

Risk of type 1 diabetes in the offspring increased by 25 per cent for each five-year band of maternal age. A maternal age at delivery of 45 was associated with a relative risk of 3.11 compared to a maternal age of less than 20. Paternal age was also associated with a 9 per cent increase for each

five-year increase in age.

The relative risk of diabetes, adjusted for parental age at delivery and sex of offspring, decreased with increasing birth order. This meant a 15 per cent risk reduction for each child born.

Intrauterine viral infection can influence subsequent risk of diabetes and might account for the higher risk in first-born children, but does not explain the effect of increasing age. Another suggestion put forward is that maturation of the immune system may be influenced by maternal age.

Warfarin interactions with alternative therapies

Information on interactions between alternative therapies and warfarin has been collated and published. There are 30 alternative therapies with potential to interact with warfarin, and eight for which there is documented evidence (see table).

The review paper, published in the *American Journal of Health System Pharmacists*, recommends that patients on warfarin avoid all the therapies for which there is evidence of interaction. Danshen is contraindicated in patients taking warfarin. And patients should have their INR closely monitored if taking any of the other products mentioned.

The paper recommends that pharmacists should question all patients about their use of alternative therapies.



Hofels

● The US Food and Drug Administration has set up the Special Nutritionals Adverse Event Monitoring System, a searchable database of information about suspected adverse events associated with dietary supplements or nutritional products.

Potential and documented interactions of herbs with warfarin

Documented reports of possible increase in warfarin's effects

danshen	devil's claw
dong quai	papain
vitamin E	

Documented reports of possible increase in warfarin's effects

coenzyme Q10	ginseng
green tea (only excessive amounts)	

Potential increased risk of bleeding

angelica root	arnica flower	anise
asafoetida	bogbean	borage seed oil
bromelain	capsicum	celery
chamomile	clove	fenugreek
feverfew	garlic	ginger
gingko	horse chestnut	liquorice root
lovage root	meadowsweet	onion
parsley	passionflower herb	poplar
quassia	red clover	rue
sweet clover	turmeric	willow bark

Mousse away head lice with a simple 30 minute treatment

FIRST EVER
NATIONAL
TV
AND PRESS
CAMPAIGN



- Full Marks Mousse helps kill head lice and their eggs quickly and conveniently
- Easy to use – no mess, no fuss and it's pleasant smelling
- 30 minutes treatment time
- First ever national TV and press campaign
- Excellent profit opportunity

Full Marks Mousse Prescribing Information. Indications: For the treatment of head lice infestation. Active Ingredient: Phenothrin 0.5% w/w. Dosage and Administration: Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. Contraindications, Warnings, etc: Not to be used on infants under six months of age unless under medical advice. Avoid contact with the eyes. This treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and eczema. Full Marks Mousse is flammable, so apply with care and do not use artificial heat eg. electric hair dryers. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with this product should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to Pyrethroids. Legal Category: P. Price: 50g £3.99, 150g £9.59. Product Licence Number: PL11314/0102. Product Licence Holder: Seton Products Limited, Oldham OL1 3HS. Date of Preparation: April 2000. For further information contact the product licence holder.

Dajani justifies 'whistle-blowing'

I decided to go public with my concerns about transparency at Lambeth (C&D July 22 p4) after exhausting all possible formal routes.

I kept other members of Council aware of my actions so that they could see I was trying to solve matters diplomatically. The president was also aware of my intentions and, as nothing was resolved at a meeting, I had no choice but to go public.

Delaying tactics are practised regularly on Council and, as this affair had been going on for three months, I was not going to waste any more time. After careful consideration of the consequences, my options and my convictions, I decided I could not renege on the promises I made to the president. My actions were genuinely not done lightly but were regrettable in that I had no alternative. Something had to be done.

Although this started out only as a salary issue, other important matters have since become apparent. The public disclosure of my angst seems to have served two purposes: firstly to expose how Council members have no authority anymore, and secondly, to highlight that nothing has improved despite all the rhetoric about corporate governance.

To say Council is unrepresentative of its membership is not true. On the contrary, the membership is being represented - by a clique of senior Council members and senior members of staff. If the membership is unhappy with the Society then they should know to whom they should direct their frustrations. Definitely not Council as a whole, as the majority are trying to carry out our commitments conscientiously and are being obstructed in the process. Besides, how can we represent the members when we are denied information? Collective responsibility is only proper if all is above board and fair.

As a Council member, I see our role as having devolved simply into acting as figureheads, clearing up the mess made by others, deciding the odd bit of policy, and asking no questions that may break the status quo.

In my opinion, concerns that the Society's finances are in disarray are true. Due to a large deficit we have had to cut back on certain policies, and we have had to withdraw money from the 'paper clip' budget to claw back some of the huge deficit we face. All this despite huge outgoings that I am not allowed to investigate as a member of Council. This begs the question: is the membership being properly represented? In the meantime, the president's new flat needs to be furnished, the editor of

the *Pharmaceutical Journal* is retiring, there have been generous wage increases for senior staff, overly expensive HQ refurbishments, and all is said to be well at 1 Lambeth High Street.

Not the same can be said for the rest of the profession. My main sympathies lie with members who are now paying more a year for less, and for the majority of hardworking Society staff who, like the members, get little gratitude and are powerless to do anything.

I am still waiting for answers; so far we have only heard excuses, not reasons. I am sure the Privy Council may want to help.

Sultan Dajani
Andover

What's going on at Lambeth?

I was saddened to discover the modest entry in the *People* section of C&D July 1, notifying us that the editor of the *Pharmaceutical Journal* was soon to retire, which upon further inquiry is to be an early retirement. It is extremely worrying that over the past two years or so there have been many 'quick' exits of staff from Lambeth which, coupled with other happenings, implies that all is not well at Society HQ.

Consider the sequence of events:
1 Last year the 'newly' appointed head of the policy support unit left suddenly without explanation and for a long time this post remained vacant.
2 Also about this time several Council members wrote letters to the pharmacy press publicly stating their dissatisfaction at the way in which the affairs of the Society were being managed.

3 There was a press release from the PR department regarding the purchase of the presidential flat which was followed by an unprecedented (at least in modern times!) public apology both to the Council and the membership from our secretary and registrar for the 'bungled' handling of this issue.

4 In more recent times we see the RPSGB at odds with other major organisations in pharmacy over a number of crucial issues, such as training of dispensers and emergency hormonal contraception, to name two.
5 In May this year three recently elected Council members decided against standing for a second term, indicating low morale among Council members.

Some people may call me a 'conspiracy monger' but the point is that I am genuinely concerned that all these happenings add up to a lot more than meets the eye.

J D Khan
Rochdale

NAME

Age if under
12 years

yrs. mths.

Address

Pharmacy Stamp

Pharmacist's
pack & quantity
endorsement

No. of days treatment
N.B. Ensure dose is stated

NP

6 x 21 Microgynon-30

i daily mdu

A private prescription comes from a doctor in the Republic of Ireland requesting the above prescription for a patient. The prescription complies with all writing requirements and appears genuine. The Pharmacy Practice Unit at King's College, London, provides the answers

Question

Can you dispense this prescription?

Answer

Possibly. A private prescription from a doctor anywhere in the world can be dispensed, so long as the doctor is registered with the General Medical Council in the United Kingdom. A prescription from a foreign doctor may not be dispensed otherwise, even if the doctor is from a country within the European Union. You would need to check with the General Medical Council that the doctor is registered with them.

she's
Crawling
with
bacteria
and she wants to thank you

The realisation that probiotics have considerable potential to contribute to modern healthcare is growing. Clinical trials indicate a number of beneficial effects. It has been shown that *Bifidobacterium* promotes the formation of large amounts of IgA¹ – one of the body's principal disease-fighting antibodies. And *L. acidophilus* and *B. bifidum* have also been shown to support the immune system. Probiotics may also be particularly useful as *supplements*, in two notoriously problematic areas – Irritable Bowel Syndrome and recurrent thrush. Controlled trials, successful clinical treatments and related observations, all show that manipulation of the gut flora can help symptoms.

Multibionta is a multisupplement, containing three intensively studied probiotic strains, together with all the recommended vitamins at 100% RDA, and minerals. And since it's enteric coated, the bacteria cannot be destroyed by stomach acid. All of which makes Multibionta an ideal probiotic formulation to recommend to sufferers of recurrent IBS or thrush, or for the promotion of general good health. Make Multibionta available for your customers to buy. They'll thank you for it.

Recommend



The only complete multivitamin with probiotics

Seven Seas Ltd, Heddon Road, Hull, England, HU9 5NJ

Chemist & Druggist
Quarterly Business
Trends Survey in
association with



Pharmacists say 'no' to DTC promotions

An overwhelming majority of pharmacists object to drug companies advertising prescription medicines direct to consumers, according to the latest *C&D* Quarterly Business Trends Survey. However, they also believe that Government will pave the way for it in the next five years

A vast majority of pharmacist (83 per cent) are adamant that pharmaceutical companies should not be allowed to promote Prescription Only Medicines through direct-to-consumer (DTC) advertising, according to *C&D*'s Quarterly Business Survey for the second quarter.

Only 10 per cent said they had no objections to DTC advertising, while 5 per cent remained undecided.

Pharmacists in the two devolved regions, Scotland and Wales, held an even stronger view on the subject, with 96 per cent and 94 per cent,

respectively, objecting to DTC advertising.

The results come shortly after the Association of the British Pharmaceutical Industry (ABPI) announced it was planning to hold talks with the British Medical Association (BMA) on the matter (*C&D* July 29, p32).

The survey also showed that almost three-quarters of the panel were convinced that DTC promotions would affect the pattern of medicine usage. Only 16 per cent felt it would have little effect.

Rather than helping patients to engage in an informed discussion with their GP regarding their

medication, 80 per cent of surveyed pharmacists believe that DTC would lead to increased confusion. Only 16 per cent said it would not. And 90 per cent believe it would encourage patients to ask their GP to switch their medication. Six per cent saw no indication for this.

Only a small minority (21 per cent) believed that DTC would provide patients with a useful source for health information, an argument regularly used by its proponents. A vast majority of the panel (71 per cent) felt it would not.

However, just under half of the panel (46 per cent) also think that the Government is going to allow some

form of DTC advertising within the next five years. Another 22 per cent did not know and 31 per cent are sure the Government will not.

Use of internet slow

Meanwhile, a large number of pharmacists have not yet embraced internet technology at work. The most common use of the internet was to send and receive e-mails, which around half (47 per cent) of the panel did.

Using the internet for other business related means was rare. Eighty-two per cent of the panel said they had never used the internet at work to place an order with their wholesaler.

Almost two-thirds (61 per cent) had not searched the world-wide-web for health or medical information. News and business information fared slightly better with only 55 per cent stating that they had not used the internet for this particular purpose at work.

Cautious appears to be the word summing up pharmacists' mood ahead of the RPM (resale price maintenance) hearing in October. Sixty-three per cent believed that the courts will support the Office of Fair Trading's view and that RPM on medicines will be scrapped.

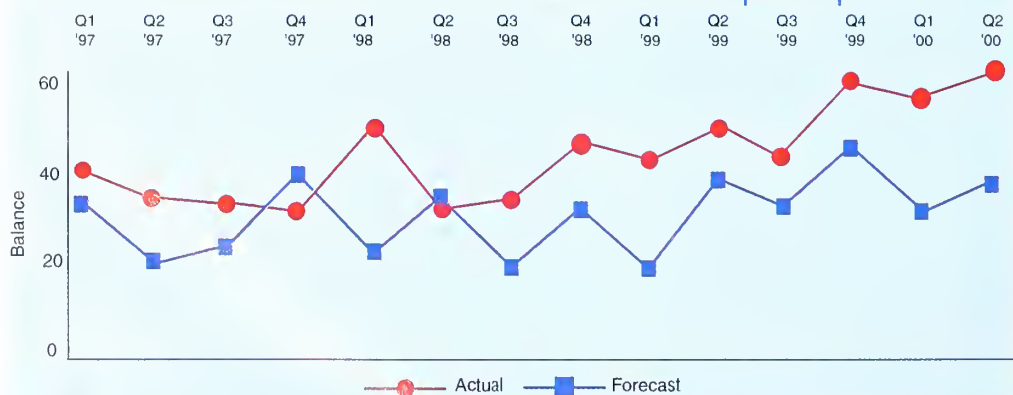
Thirty-four per cent said it would stay. Pharmacists in the south west were the most pessimistic (92 per cent), while their Welsh neighbours were almost evenly split on the subject, with 54 per cent saying RPM will go.

While CPAG secretary Sue Sharpe says pharmacists have given strong support to the efforts to save RPM, "we know it will be a tough battle to persuade the court that RPM remains in the public best interest. We have a strong case to put and both the profession and the industry are committed to it".

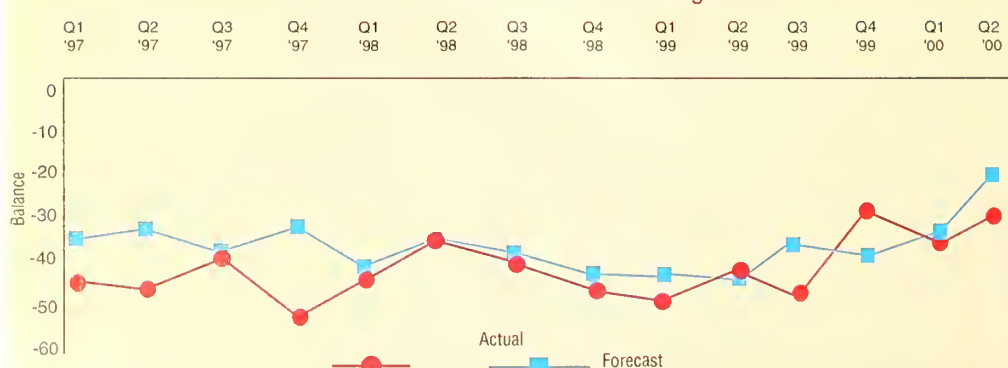
Spring optimism

The second quarter saw significant rises in sales, with 47 per cent of the panel recording an increase. Only 17

Actual vs forecast trends in volume of NHS prescriptions



Actual vs forecast trends in margins



per cent saw their sales drop, leaving a balance of plus 30 (up from plus 17 during the first quarter).

Those in the south east of England and East Anglia did particularly well (a balance of plus 42), while Welsh pharmacists did not appear to benefit from the retail boost, recording a balance of zero.

The number of NHS prescriptions continued to grow, with 71 per cent of surveyed pharmacists recording an increased volume. Only 7 per cent saw the number of scripts decrease.

Script increases were particularly common in Scotland, where 87 per cent reported an increase and no-one saw a fall.

Sales of OTC medicines continued to do well, with 59 per cent stating that sales were up, compared with 7 per cent who experienced a drop.

The survey also showed, that despite warnings to reduce levels of generic products prior to the introduction of reference pricing, 42 per cent did increase the value of their stocks.

Pharmacists in Scotland and the north west of England led the way in this respect, with 52 per cent reporting increased stock values.

Overall 11 per cent of the panel had reduced their stock and another 42 per cent made no changes.

Small outlets with less than £350,000 in turnover showed above average percentage in increases of stock values (57 per cent).

There was slightly better news with regards to profit margins. While they clearly did remain a concern, the usually negative balance improved by six points.

Thirty-seven per cent said they had seen their profit margins decrease, while 7 per cent recorded an improvement.

Sales in cosmetics seemed to recover to a certain extent, with 19 per cent of the panel recording improved sales. As is hardly surprising, it was predominantly in the larger stores, with a turnover of more than £500,000 that cosmetics were starting to do better.

One third of pharmacists still saw decreasing cosmetic sales, leaving a balance of minus 15 (up from minus 24).

● Questionnaires were sent out to 500 pharmacy managers of whom 219 responded

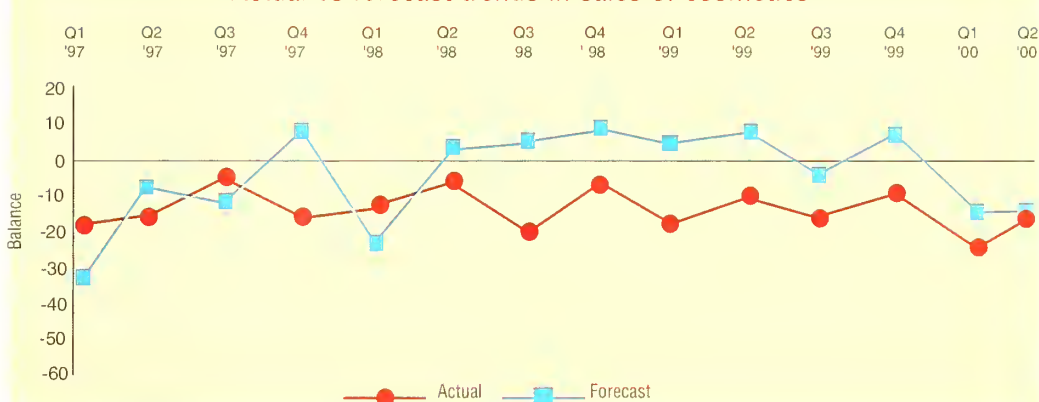
● Seventy-three per cent were independents, 19 per cent worked in small multiples (up to 20 outlets) and five per cent in large multiples (more than 20 branches).

● Thirty-one per cent of the panel worked in businesses earning less than £350,000 a year, 41 per cent in businesses with an annual turnover of £350,001-£500,000 and 10 per cent in the above £1m range.

Actual vs forecast trends in value of stocks



Actual vs forecast trends in sales of cosmetics



Pharmacists seemed to remain confident in the face of adversity, with 35 per cent saying they felt more positive regarding their future. Only 15 per cent felt things would get more difficult for them, while almost half of the panel thought there would be no change.

As is usually the case, the panel where slightly more optimistic about their own future than that of retail pharmacy as a whole.

As for the longer term, the panel was not quite as optimistic. Asked about their business prospects over the next 12 months, 30 per cent felt optimistic, just 2 per cent more than those being more pessimistic.

The usual suspects - baby care, toiletries and fragrances - continued to perform badly. Not surprisingly, sales of analgesics and vitamins also seemed to be slowing down.

Photo-processing saw an upward trend, with 41 per cent saying that sales were increasing, and only 12 per cent witnessing a drop. With 42 per cent stating that there had been no change, the positive balance for photo-processing more than doubled to plus 29, up from plus 13.

A quarter of the surveyed pharmacists had been approached with regards to selling their business. The percentage was particularly high (50 per cent) for business with a turnover of more than £1 million. Sixty per cent of all the pharmacists approached had decided to reject the offer.



UniChem

Delivering Healthcare

Play the Advantage card

Norton Healthcare focuses on pricing in the generics market with continued support for Advantage customers

Following recent amendments to the Government's original proposal to set maximum prices for generics and abolish Category D in the Drug Tariff, these were introduced after a month-long consultation period.

In July, the Health Minister, Lord Hunt, announced that the Government was pressing ahead with measures to cut the price of generic medicines to their average Tariff level between November 1998 and January 1999. The consultation process has now resulted in an adjustment to the prices of some products that generics manufacturers such as Norton Healthcare had said would be uneconomical to produce.

These would have included Allopurinol Tablets 100mg and 300mg, Chlorpromazine Tablets 50mg and 25mg, Paracetamol Tablets 500mg and Verapamil Tablets 40mg, 120mg and 160mg. The Government has also made adjustments to certain maximum prices to address anomalies between the unit prices of different pack sizes of the same preparation, recognising



Pharmacist and Advantage member David Grainger, of Potter Street Pharmacy in Harlow, is concerned his dispensing business will suffer

the minimum cost of patient pack presentations and ensuring that patient packs are not placed at a disadvantage to bulk supply.

The British Generic Manufacturers Association particularly welcomes this development. "We are delighted the Government has acknowledged the importance of patient packs. These packs contain all the information that

patients need, thus providing better compliance. It is unrealistic to expect pharmacists to match the equivalent of 35 separate leaflets and labels if dispensing from a bulk 1,000 pack," says BGMA director Warwick Smith.

Norton Healthcare, one of the UK's largest suppliers of generic medicines to the NHS, also welcomes the recent amendments to the maximum reimbursement prices. "The amendments made to the reimbursement prices mean we can continue to supply a full range of products, including those which we feared it would no longer be economic to produce," says Norton's Advantage Product Manager Paul Burden.

As part of its company mandate to keep customers fully informed, Norton Healthcare issued a letter to pharmacies and GPs in April confirming that most products in the Norton Advantage Scheme would continue to be priced competitively. The company wrote to customers again in July, giving further reassurance that Norton would continue to supply its full product range.

In the longer term, as further proposals on generic pricing are introduced, Norton's Advantage

customers can remain confident that the Advantage Scheme will adapt to meet any changes. "The market is in a state of flux but we want to reassure pharmacies that we will continue to support them and remain extremely competitive," says Mr Burden.

Pharmacist David Grainger of Potter Street Pharmacy in Harlow, a member of the Norton Advantage Scheme, needs reassurance about the plans to abolish Category D because he is worried that his dispensing business will suffer. "I am very concerned about the loss of Category D, especially without any revised arrangements being put in its place," he says. Norton will continue to keep customers fully informed on the latest developments regarding Category D.

Norton has carried out extensive research into how pharmacists feel about industry issues. The company is working to further improve how information about the Advantage Scheme and the generics market is conveyed by investing in even better customer services. The launch of the Advantage Intranet Browser earlier this

Price controls for generic medicines

The statutory price control scheme for generic drugs was announced last year following claims that the measures were necessary to save the NHS money at a time when generic prescribing rates in England are growing at a dramatic pace. They have risen from 43 per cent in 1992 to 63 per cent in 1998. Generic medicines in the UK still provide exceptionally good value. More than 50 per cent of all prescriptions dispensed are met with generic products but they only account for 12 per cent of the total drugs budget. Generic medicines in the UK are among the least expensive in Europe and make an invaluable contribution to cost containment in UK healthcare.

There is still a widespread view that prices of all generics should reflect demand. "Generics are like a commodity and prices of any commodity cannot be pegged artificially without destabilising the market. All good manufacturing processes of pharmaceuticals require R&D and other investment. Manufacturers need an adequate return on their capital or investment will dry up, leading to fewer companies producing products. This in turn will create shortages and higher prices," says the NPA's Kirit Patel.

Norton Healthcare will continue to supply a full range of generic products

year helped keep members informed during the pricing debate.

Norton Advantage provides pharmacists with a simple and straightforward approach to all issues from generic pricing to product ordering and delivery. Providing steadfast support for customers is the top priority for Norton Advantage.

For further information about Norton Advantage, call the Advantage Telesales Team on freephone 0800 697311.

UniChem signs £12m MoD deal

Hospital Pharma, Alliance UniChem's hospital division, has secured a £12 million contract to supply the Ministry of Defence's Medical Supplies Agency (MoD) with pharmaceuticals for the next three years. The deal was signed on August 14 in Andover on what Hospital Pharma's general manager, Nick Epps, called a "very big day".

Hospital Pharma is believed to have won the tender against another major wholesaler, possibly the current contract holder.

Jeremy Poole, hospital services director for AAH, confirmed that AAH had tendered for the same contract and said that the company was obviously disappointed to have lost out this time.

"We have worked with the MSA for a number of years and have implemented a range of initiatives, with them," he said. Mr Poole felt confident, however, that where AAH was a supplier's preferred distributor, the company would continue to supply their goods to the MSA.

The contract between Hospital



Brian Nimick (left), chief executive, Medicines Supply Agency, and Chris Etherington (right), managing director of UniChem, with the contract

Pharma and the MSA will come into effect from October 1.

"It is certainly a very interesting customer base which we haven't really experienced before. The MoD's needs are obviously somewhat different in terms of needing a flexible supply

chain that can meet their needs immediately," said Mr Epps.

According to a spokeswoman for the MSA, this is the first time the MoD has entered into a pharmaceutical prime vendor agreement. Up to now the distribution had been split

between various companies, a fact that AAH disputes. According to Mr Poole, AAH was the contract holder up to now.

It is expected that the supplies will be delivered to one central MSA location in Hampshire before being distributed to over 30 sites. They will include field units, HM ships, dental centres, pharmacies and hospital wards on bases used by the various armed forces.

Mr Epps is confident that the new contract will attract potential customers, particularly manufacturers.

"It will show very clearly to manufacturers that we are a very credible supply chain," he said.

He is hopeful that the contract will go a long way in persuading manufacturers to transfer the logistics of delivering their product to customers to Hospital Pharma in the future.

Mr Epps said that some manufacturers have already started to come on board and he hopes to be able to announce further developments before the end of the year.

Prozac's patent in the US shortened

A US court has invalidated the 2003 patent for Prozac, bringing patent expiry of Eli Lilly's antidepressant drug forward to February 2001.

The news sent shares in the company on a downward spiral, wiping \$30 billion off the company's market value. The share price closed \$32 down at \$75 directly after the ruling. It recovered slightly to reach almost \$78 on Monday.

Prozac accounts for around 45 per cent of the company's revenue and recorded sales of \$1.2bn for the first half of this year.

The company said in a statement that it was disappointed by the ruling and planned to appeal against the decision. It added that Eli Lilly is "thoroughly prepared to implement a comprehensive contingency plan", allowing the company to absorb the loss of

Prozac sales. Eli Lilly plans to apply for a paediatric licence for Prozac, which could see the patent extended to August 2001. The UK patent for the drug expired earlier this year.

Other companies also witnessed an impact on their shares, with Glaxo Wellcome, SmithKline Beecham and Astra Zeneca seeing a fall in their share prices. Astra Zeneca is currently faced with losing their patent on Losec.

Moss Pharmacy to offer travel cover

Moss Pharmacy has linked up with insurers Legal & General to offer its customers a travel insurance policy for the holiday season. The package consists of the standard Legal & General travel insurance and customers can opt to buy cover for a single trip or multiple trips for a year.

The offer is limited to the next six months and is available from 65 of Moss' key pharmacies across the country.

This is the first time Moss Pharmacy has entered into the insurance market and a spokeswoman for the company said that the offer was not altogether dissimilar to the travel insurance that

was offered by Boots the Chemists.

The reason behind the pilot was to make it easier for Moss customers to purchase their insurance cover while buying their holiday essentials at the same time.

● The Dover branch of Boots the Chemists recently welcomed the 500,000th customer to purchase Boots travel insurance.

Stakeholder pension decision tree

The National Pharmaceutical Association (NPA) has designed a decision tree, published in the latest NPA Supplement, to help contractors determine whether they will be affected by the Government's plans for stakeholder pensions.

All contractors with fewer than five employees will be exempt from offering stakeholder pensions; the same is

true for pharmacists whose employees are below the 'lower earnings limit'.

It is only those employers who offer their adult staff a company pension scheme, which is neither a private nor a group pension scheme, who will have to review the situation.

● The NPA Supplement also points out that employers may be able to reclaim training costs for an employee

leaving the company through their local Training and Enterprise Council. This is subject to an agreement being signed by the employer and employee.

● The NPA also supported the publication of a guide to 'Understanding your community', produced by Reckitt Benckiser, which is the first in a series of guides aimed at helping pharmacists improve profits by better meeting their customers' needs. A copy can be obtained by calling 0500 455456.

Gehe's UK firms see double figure increases

Gehe AG, Europe's largest pharmaceutical distribution group, announced large increases in turnover and profit for the first half of 2000.

Gehe's turnover increased by 14.4 per cent to €7.6 billion (£4.58 billion). Profit before tax was €116.5m, up by 13.5 per cent.

Gehe's UK businesses also saw double figure increases in their turnover. The AAH Group, Gehe's wholesaling business in the UK and Ireland, recorded a turnover of €1.54bn, but saw its profits drop by 6.5 per cent to €29m.

Having acquired a further 40 pharmacies and disposed of 17 outlets, Gehe's retail business grew by 12.2 per cent, reaching a turnover of €795.2m.

Lloydspharmacy accounted for nearly 97 per cent of Gehe's total retail turnover. Retailing profits increased by almost 30 per cent to €15.4m.

The company also said that it had successfully expanded its e-business. According to Gehe, approximately 6,000 pharmacies in Europe use the business-to-business platform 'Point' and the business-to-consumer platform 'Apotheke.com'. AAH-Point was launched in the UK in June.

Pharmacy Plus keeps expanding

Pharmacy Plus, the Bristol based pharmacy chain, has become the largest independent group in its region, following the acquisition of five new outlets. The company, which employs 120 staff, now owns 17 pharmacies.

The new acquisitions are Bowrey Chemist in Bath, Elm Tree Pharmacy in Radstock, Arnold Scrine in Bradford-on-Avon, Springbank Pharmacy in Cheltenham and Watkins in Shepton Mallet.

Boots pulls the plug on Dutch pharmacies

Boots the Chemists announced that it has decided to close all ten of its in-store dispensaries in Holland.

Recruitment problems and a failure to change people's habit of getting their prescription dispensed in an Apotheek have been named as the main reasons for ending the dispensing and prescription service.

The 17 Boots stores in Holland were seen as a testing ground for the company in terms of trying to establish a pharmacy chain on the Continent.

Boots first got involved in Holland back in 1997, when the country's legislation was changed to allow corporate ownership of pharmacies.

Other European countries, such as Germany, do still prohibit multiple ownership and patients are used to a three-way split of the Health and Beauty market into pharmacies, drug-stores and perfumeries.

"The legislation has changed, but we found that people's behaviour did not," a spokesman for Boots said.

He added that patients seem to have made a conscious decision not to collect their prescription from the High Street chemist, but stick with the Apotheek. Revenue from the dispensaries only accounted for 3 per cent of total turnover in the Dutch business.

The company also said that it had proved difficult to recruit people into positions in the dispensaries. While there does not appear to be a shortage

of pharmacists, unlike the present situation in the UK, they seemed not to take to the new environment at Boots.

"We have struggled to attract people to work for us and, together with the high cost of running the dispensaries, we have decided that in the long term this is not a sensible way forward," said the Boots spokesman.

He acknowledged that the decision to close the Dutch dispensaries is likely to have more far-reaching implications than for Holland alone. "We decided to go into Holland to see whether this could be a beginning for corporate ownership on the Continent and also to see whether it could create a certain domino effect. This clearly has not happened," he said.

He confirmed that while Boots was still considering its options for expansion in Holland, the retail chain would now focus on opportunities in Asia.

The staff of around 50 pharmacists and pharmacy assistants was told about the decision a couple of weeks ago. No firm date for the closures of the dispensaries has yet been set.

● The news comes as Gehe Pharmahandel GmbH, the German pharmaceutical wholesaler, announced that it had acquired a 78 per cent stake in AFM Cremona, which owns 14 pharmacies. Together with AFM Bologna, which Gehe took over in May last year, the company now has a pharmacy presence in Italy of 50 outlets.



Motherwell-based Scottish pharmacy chain Harry Cockburn Chemist has won the Healthcare Vantage Award sponsored by AAH Pharmaceuticals. A £1,000 cheque was accepted by group operations manager Hilary Copland, pictured with Alex Guthrie of AAH. The award means automatic qualification for the overall Vantage Silver Pharmacy Award

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Bayer increases turnover by over 20pc

Bayer, the German chemical and healthcare company, announced increases in excess of 20 per cent for its pharmaceutical and healthcare businesses.

Bayer's turnover from its continuing business was €14.8 billion (£8.9 million) and pre-tax profits €1.78bn.

The healthcare business expanded

by 21 per cent to €1.7bn. There was a sharp increase in operating results of 68 per cent which reached €726 million.

The company said it was particularly pleased about the 23 per cent sales increase in its pharmaceutical business, with Cipro and Adalat remaining the star performers.

Xenova sees operating losses drop to £3.9m

Xenova, the bio-pharmaceutical company, is looking for partners for the phase three clinical trials of its cancer treatments and is not ruling out a possible merger if that were in the best interest of its shareholders.

The company said it had made good progress with regards to the development of its product pipeline, and had seen its operating losses drop. Revealing a 37 per cent drop in operating losses to £3.9 million for the first six months, the company announced an interim turnover of £78,000.

Presenting the interim results, the company pointed out that two cancer

products - XR9576, a P-glycoprotein modulator and a cytotoxic agent, XR5000 - were nearing the end of phase two clinical trials.

The company added that two new second generation cytotoxics are nearing the end of pre-clinical trials. It expects the first of these to enter clinical trials next year.

A recent share placing is believed to have raised £9.8m for Xenova, which will provide the company with funds for the next two years. Xenova also hopes to raise around £3m through the agreed acquisition of TerraGen by Cubist Pharmaceutical.

IN BRIEF

Part-timers' bank holiday entitlement

Part-time staff will be eligible for a proportion of the total number of bank holidays, depending on how many days they work and how many of those were on bank holidays. The NPA's *Supplement* explains the recommendations regarding best practice made by the Department of Trade and Industry (DTI): 'An employee working two days a week on a Monday and Tuesday would be entitled to an extra four days' holiday, given that eight of ten bank holidays fell on a Monday.'

Pharmacydirect.co.uk launched

A new web site offering health and beauty products can be accessed on www.pharmacydirect.co.uk. [Pharmacydirect.co.uk](http://www.pharmacydirect.co.uk) offers over 800 products, including First Aid kits, travel packs, contraceptives, vitamins, men's grooming products, contact lens solutions and medical books. Initially the company is not offering medicines despite calling itself a pharmacy.

Single point ordering system for Aventis

From September 1, Aventis customers will be able to use a single point of order for all former Rhône-Poulenc Ror and Hoechst Marion Roussel products. The existing RPR account will apply to both ex-RPR and ex-HMR products.

Global Pharmaceutical Awards 2001

Sponsors are needed for the Global Pharmaceutical Awards 2001, which will be held at the Bonqueting House in London on March 15, 2001. Sponsorship can be for hosting a table, sponsoring a cocktail reception or the award dinner, or a particular award. The lead sponsorship will include rights to sponsor the Chief Executive Officer of the Year award plus another award at the sponsors' choosing. Further details at www.globalpharmaawards.com or fax 020 74532175.

AAH launches e-Mediate system

AAH Hospital Service has launched e-Mediate, an upgraded version of the Mediate electronic procurement system for hospital pharmacists. Pharmacists using e-Mediate can access a database of thousands of products from various suppliers and order direct within seconds. AAH said the system meant pharmacists could place smaller orders more frequently and reduce the amount of stock required, therefore saving money.

BASF's pharmaceutical sales rise

BASF announced an 11.8 per cent increase in its pharmaceutical sales for the second quarter. Sales in the pharmaceutical division amounted to €614m (£367m), driven by particularly good sales in Asia. However, overall sales within the Health and Nutrition unit were down by 8 per cent to €121m, which the company blamed on the restructuring process BASF Pharma is currently undergoing.

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Pharmacists and atomic warfare

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With this in mind, the Government issued Civil Defence Pamphlet (No 6), which was devoted to atomic warfare. It was thought that pharmacists might be useful in carrying out first aid for radiation sickness.

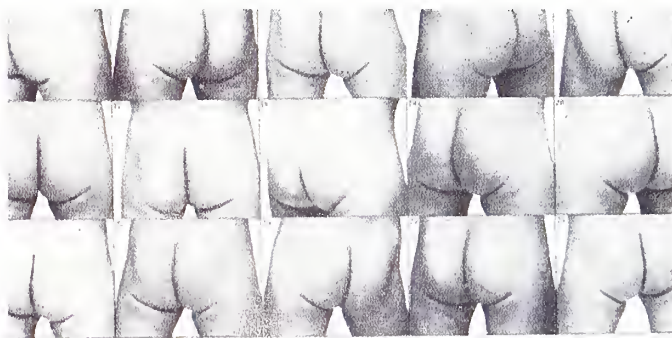


The controversial 'ratty doll' pill box

The eight-page pamphlet described the types of radiation likely to be experienced, methods of personal cleansing, radiation syndrome, first-aid treatment, and radioactive poisoning. It included illustrations of a quartz-fibre electroscope, a portable dose-rate meter, and a contamination meter.

The same month in 1975 saw pharmacists pondering a rather less earth-shattering issue - the introduction of child-resistant closures. As much a part of today's standard dispensary kit as the computer, the humble CRC was being approached cautiously by the regulatory authorities. The NHS Standing Pharmaceutical Advisory Committee recommended a "trial run" with one particular group of medicines before the caps were made a requirement for all medicines.

Still on the issue of medicine containers, a slightly less conventional receptacle was being criticised by the Royal Society for the Prevention of Accidents. RoSPA called the "ratty doll" pill box "unnecessary", "potentially dangerous" and, to top it all, "in bad taste". Designed as a container for contraceptive tablets, the ratty doll was thought likely to attract children.



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APPOINTMENTS

Two new faces at C&D

Chemist & Druggist has two new faces on the team. A new publisher, **Fergus Wilson**, joined the Pharmacy Group at the beginning of August, replacing Ian Gerrard who has moved to a senior position at Trinity Newspapers. Fergus has spent the last seven years working on the GP newspaper *Pulse*, part of United Business Media's medical publishing division in London's Docklands. His new responsibilities at the Pharmacy Group include oversight of *C&D*, *Over the Counter* and *Community Pharmacy*, and their associated publishing activities, *dotPharmacy*, *Chemex*, and *Pharmacy* and GP product cards. "I am delighted to join one of UBM's flagship divisions and I relish the challenge of the coming year," said Mr Wilson. **Vanessa Sherwood** has joined *C&D*'s editorial team as a reporter. She started her career as a pre-registration pharmacist with Moss Pharmacy before working for Lloydspharmacy. She returned to Moss Pharmacy as a branch manager at locations in the south. During 1999 she was seconded part-time to West Kent Health Authority as a prescribing support pharmacist.



Fergus Wilson



Vanessa Sherwood

Exciting times ahead!

Move over, ecstasy. Your days as the illicit substance of choice in the UK's night clubs might be coming to an end. Pharmacists, wake up to your latest sales opportunity! *Excite* face wipes are coming your way, laced with pheromones and guaranteed to raise the heat among clubbers across the country. You simply wipe your neck and wrist for an instant boost to your sex appeal. The lurid purple sachets carry their own health warning: 'Must be used responsibly'. Male and female variants are available, so the stags out there won't be getting it all their own way. At £1.20 a sachet they're not cheap, but whether they're cost effective remains to be seen. See the *C&D* Price List for more details. A point to ponder though: does claiming to alter libido constitute a medical claim? Is this just another lifestyle drug? Should the product be licensed by the Medicines Control Agency? A Society spokesman was unsure, but said it might be useful to include them in the BPC delegate pack to encourage pharmaceutical intercourse.



Weird and wonderful

The internet is a great place for the obtuse and the obscure. Running a web site with pharmacy connections, as we do with *dotPharmacy*, can generate some bizarre e-mails. Take these two received recently...

From someone probably too embarrassed to present in person ... can any aspiring drug information pharmacist out there provide the answer to this question? "I have an interesting and odd question for you. What would happen if you were to leave an anabolic steroid in liquid form on the skin for about six to eight hours? Do they burn skin? Do they leave permanent markings? Please respond as soon as possible. valentin@pangea.ca." What on earth has the feller been doing to need to know the answer to that question?

On a more domestic note (presumably from Australia, but who can tell): "Thank you for posting the information on toxoplasmosis. I am particularly interested in information on whether the active parasite can be killed in soil. I own a wallaby baby joey and must build a pen in my back garden for him in the near future. I've been warned that wallabies are extremely susceptible to death due to contracting toxoplasmosis, yet I can't keep him in the house and I'm grasping at straws as to what I can do to eliminate the possibility of him coming into contact with infected soil. I have seen many stray cats in my back yard and feel the soil must carry this parasite. Nancy (animalantics@bome.com)"

We don't know the answers to these questions, but we're sure the NPA's information department could come up with them. Anyone prepared to put money on it?

Shout out loud

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PLEASE

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ABBREVIATED PRESCRIBING INFORMATION

PARIET[®] (rabeprazole)

Please refer to Summary of Product Characteristics before prescribing PARIET[®] 10mg or PARIET[®] 20mg.

Uses: Treatment of active duodenal ulcer, active benign gastric ulcer, symptomatic erosive or ulcerative gastro-oesophageal reflux disease (GORD). GORD long-term management (GORD maintenance). **Dosage:** Adults/elderly: Active duodenal ulcer: 20mg once in the morning for 4 weeks and up to 8 weeks if necessary. Active benign gastric ulcer: 20mg once in the morning for 6 weeks and up to 12 weeks if necessary. Erosive or ulcerative GORD: 20mg once in the morning for 4-8 weeks. GORD Maintenance: 20mg or 10mg once in the morning. Precise dose/duration depends on diagnosis and response: see SmPC for details. Swallow whole in morning before eating. No dosage adjustment with renal or mild to moderate hepatic impairment. Children: Not recommended. **Contra-Indications:** Hypersensitivity to rabeprazole sodium, excipients or substituted benzimidazoles. Pregnancy and lactation. **Precautions:** Exclude malignancy before treating. If long term treatment, survey regularly. Caution on initiation in patients with severe hepatic dysfunction. Although unlikely, if alertness is impaired avoid driving and/or operating machinery. **Interactions:** Metabolised via hepatic iso-enzymes of cytochrome P450. No clinically significant interaction seen with other drugs metabolised by the CYP450 system, such as warfarin, phenytoin, theophylline or diazepam; no interaction expected with cyclosporin. Interaction with compounds e.g. digoxin and ketoconazole, whose absorption is pH dependent may occur; adjust dosage if necessary. No interaction with liquid antacids observed. No clinically relevant interaction with food. **Pregnancy and lactation:** Do not use. Undesirable effects: Generally mild/moderate and transient in nature. Most common events in trials: headache, diarrhoea and nausea. Others:

abdominal pain, asthenia, constipation, flatulence, cough, dizziness, flu like syndrome, pharyngitis, infection, rhinitis, vomiting, non-specific pain/back pain, insomnia. Less frequent: arthralgia, bronchitis, chest pain, chills, dry mouth, dyspepsia, eructation, fever, leg cramps, myalgia, nervousness, rash, sinusitis, somnolence, and urinary tract infection. In isolated cases, anorexia, depression, gastritis, leucocytosis, pruritus, stomatitis, sweating, vision or taste disturbances, weight gain have been observed. Isolated cases of increased hepatic enzymes have been observed. **Overdose:** Experience limited. Up to 80mg/day has been well tolerated. No specific antidote known. Extensively protein bound and therefore not readily dialysable. **Treatment:** symptomatic. **Special precautions for storage:** After opening, store blister strips in aluminium pouch. Do not store above 25°C. Do not refrigerate. **Shelf-life:** Shelf life before opening aluminium pouch – 24 months. After first opening the aluminium pouch – 3 months. **Legal category:** POM. **Presentations, pack sizes, product licence numbers and basic NHS costs:** Yellow tablets containing 20mg rabeprazole sodium in blister strips of 7 or 14 in packs of 7 or 28. PL/10555/0008. 7 pack* £5.69, 28 pack £22.75. Pink tablets containing 10mg of rabeprazole sodium in blister strips of 7 or 14 in packs of 7 or 28. PL/10555/0010. 7 pack* £3.11, 28 pack £12.43. (*Hospital pack). **Further information is available from the product licence holder:** Eisai Ltd, Hammersmith International Centre, 3 Shortlands, London, W6 8EE **Date of Preparation:** June 2000.

References:

1. Adapted from Pantoflickova D *et al* Gastroenterology April 2000 Vol.118(4) Suppl 2 A1290 Abstract 5895. 2. Delchier JC *et al* GUT Nov 1999(45):A41Abstract 4807 and Poster presented at 7th U.G.E.W 13-17 Nov 1999, Rome. 3. Dekkers CPM *et al* Aliment Pharmacol Ther 1998;13:179-186. 4. Dekkers CPM *et al* Aliment Pharmacol Ther 1998;12:789-795.

DiffucanTM One. Thrush nil.



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Pfizer Consumer Healthcare

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*IR data April 2000. Thrush Advice Bureau 020 7285 5520. www.thrushadvice.org